**REQUEST FOR PRIOR LEARNING RECOGNITION\***

 Recognition of obtained ECTS credits/verification of learning outcomes through forms of formal education

STUDENT INFORMATION

Name and surname enter name and surname JMBAG enter JMBAG

Address enter address

E-mail enter e-mail Phone enter phone Mobile enter mobile

Enrolled at the Faculty of Medicine in Rijeka on:

enter the study program and academic year

(name of the study program; academic year)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Prior learning (course title/learning outcome) | ECTScredits | Recognition (course title/learning outcome at the Faculty of Medicine in Rijeka) | ECTS credits |
| No. | Course title/learning outcome | enter | Course title/learning outcome | enter |
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| No. | Course title/learning outcome | enter | Course title/learning outcome | enter |
| No. | Course title/learning outcome | enter | Course title/learning outcome | enter |

Previously obtained ECTS credits and learning outcomes are achieved at:

Name of the institution: enter the name of the institution

Name of the program: enter the name of the program

 Applicant signature:

Rijeka, date

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Attachment:

1. Certified transcript of records or a certified copy of diploma supplement.
2. Certified detailed description of the course/program (content, number of teaching hours, literature, number of ECTS credits, etc.) for which recognition is requested.
3. Additional attachment
4. Additional attachment