

REQUEST FOR RECOGNITION OF PRIOR LEARNING*

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

STUDENT INFORMATION

Name and surname _____

Student ID number (JMBAG) _____

Address _____

E-mail _____ Phone _____ Mobile _____

Enrolled at the Faculty of Medicine in Rijeka on:

(Study programme; academic year)

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

Previously obtained ECTS credits and learning outcomes are acquired at:

Name of the institution _____

Name of the programme _____

Rijeka, _____

Applicant signature:

Attachment:

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

* The applicant submits their request to the Office of Student Affairs
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