

# Form 1 - Student Application Form

## APPLICATION FORM FOR INCOMING STUDENTS ACADEMIC YEAR 2020/21

### I STUDENT'S PERSONAL DATA

First Name		photo
Family Name		
Gender		
Date of Birth		
Place of Birth		
Nationality		
Passport number		

### II STUDENT'S CONTACT INFORMATION

e-mail	
Phone number	
Home address	

### III SENDING INSTITUTION

University	
Faculty/Department	
Address, City, Country	
Contact person	
e-mail	
Phone number	

### IV INFORMATION ON THE CURRENT STUDY PROGRAMME

Field of Study	
Level of Study	
Duration of Study	
Total number of ECTS	
ECTS obtained at the time of application	

### V DESIRED PROGRAM AT UNION NIKOLA TESLA UNIVERSITY IN BELGRADE

Faculty		
Study Programme		
Level of Study		
Semester (Autumn/Spring)		
Period of Study at UUNT	from	to

VI LANGUAGE PROFICIENCY

Mother tongue				
Other languages	excellent	well	basic	passive
English				
Serbian				

VII PRELIMINARY LIST OF COURSES (STUDY PLAN) AT UNION NIKOLA TESLA UNIVERSITY IN BELGRADE

CODE	DEPARTMENT	COURSE UNIT	ECTS

Date and place:

Student's signature:

LEARNING AGREEMENT  
Undergraduate and Master Exchange

Academic year: 2020/21

Field of Study:  
Mobility Period:

**I DETAILS OF THE STUDENT**

Student's name: .....	
Home Institution: .....	Country: .....
Host Institution: .....	Country: .....

**II DETAILS OF THE PROPOSED STUDY PROGRAMME**

Course unit code	Course unit title	Number of ECTS
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

\*If necessary, continue this list

**III COMMITMENT OF THE THREE PARTIES**

Student's signature: .....	Date: .....
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HOME INSTITUTION	
We confirm that the courses/activities indicated in this learning agreement are approved and will be recognized at our university once the student returns from his/her mobility	
Departmental coordinator's signature	Institutional coordinator's signature
.....	.....
Date:	Date:
.....	.....

HOST INSTITUTION	
We confirm that the courses/activities indicated in this learning agreement are part of the curriculum at our university and that they can be offered to the student.	
Departmental coordinator's signature	Institutional coordinator's signature
.....	.....
Date:	Date:
.....	.....

## CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Student's name:		
Sending Institution:	-----	Country: -----
Receiving Institution:	-----	Country: -----
	-----	-----

### LIST OF DELETED COURSES

Course unit code	Deleted course unit title	Number of ECTS
-----	-----	-----
-----	-----	-----
-----	-----	-----

### LIST OF ADDED COURSES

Course unit code	Added course unit title	Number of ECTS
-----	-----	-----
-----	-----	-----
-----	-----	-----

\*If necessary, continue this list

Student's signature:	-----	Date: -----
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HOME INSTITUTION
We confirm that the above-listed changes to the initially agreed programme of study are approved.
Signature of the person in charge of study programme approval
-----
Date:
-----

HOST INSTITUTION	
We confirm that the above-listed changes to the initially agreed programme of study are approved.	
Departmental coordinator's signature	Institutional coordinator's signature
-----	-----
Date:	Date:
-----	-----

## Form 2.b Study and Research Plan

### STUDY and RESEARCH PLAN for Doctorate exchange Academic year: 2020/21

Field of Study:  
Mobility Period:

#### I DETAILS OF THE STUDENT

Student's name:	-----		
Home Institution:	-----	Country:	-----
Host Institution:	-----	Country:	-----

#### II DETAILS OF THE PROPOSED STUDY PROGRAMME

Course unit code	Course unit title	Number of ECTS
-----	-----	-----
-----	-----	-----

Description of planned research activities:

\*short description

#### III COMMITMENT OF THE THREE PARTIES

Student's signature:	-----	Date:	-----
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HOME INSTITUTION	
We confirm that the proposed study and research plan is approved and will be recognized at our university once the student returns from his/her mobility.	
Departmental coordinator's signature	Institutional coordinator's signature
-----	-----
Date:	Date:
-----	-----

HOST INSTITUTION	
We confirm that the proposed study and research plan is approved and that the applicant can fulfil the aims laid down in this document at our institution.	
Departmental coordinator's signature	Institutional coordinator's signature
-----	-----
Date:	Date:
-----	-----

CHANGES TO STUDY and RESEARCH PLAN  
(to be filled in ONLY if appropriate)

Student's name:	.....	
Sending Institution:	.....	Country: .....
Receiving Institution:	.....	Country: .....
	.....	.....

I DETAILS OF THE PROPOSED CHANGES

Course unit code	Course unit title	Number of ECTS
.....	.....	.....
.....	.....	.....

Change to originally agreed research activities:

.....

Student's signature: ..... Date: .....

HOME INSTITUTION  
We confirm that the above-listed changes to the initially agreed programme of study are approved.

Signature of the person in charge of study programme approval

.....

Date: .....

.....

HOST INSTITUTION  
We confirm that the above-listed changes to the initially agreed programme of study are approved.

Departmental coordinator's signature	Institutional coordinator's signature
.....	.....
Date: .....	Date: .....
.....	.....

## TRANSCRIPT OF RECORDS

Print date: .../.../...

No:

### I SENDING INSTITUTION

Name of Sending Institution: Union Nikola Tesla university in Belgrade  
 Faculty / Department: Faculty of .....  
 ECTS departmental coordinator: .....  
 Contact: .....

### II STUDENT

Name of Student: .....  
 Date of birth: .../.../...  
 Sex: M/F  
 Student ID: .....  
 Contact: .....

### III STUDY PROGRAMME

Study Programme: .....  
 Field of study: .....  
 Level of study: .....  
 Period of enrolment: .../.../... – .../.../...

### IV ACADEMIC RECORD

Code	Course unit title	Semester	ECTS	Grade

			Total	Average
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### V GRADING

Grade	Classification	Points	ECTS Grade	Percentage
10	Excellent – outstanding	95-100	A	10%
9	Excellent	85-94	B	25%
8	Very good	75-84	C	30%
7	Good	65-74	D	25%
6	Sufficient	55-64	E	10%
5	Insufficient – failed	less than 54	F	

Signature  
 (dean/administration officer)

Stamp

**TRANSCRIPT OF RECORDS**  
for Incoming Student

Print date: .../.../...

No:

**I RECEIVING INSTITUTION**

Name of Receiving Institution: Union Nikola Tesla university  
in Belgrade Faculty / Department: Faculty of .....

ECTS departmental coordinator: .....

Contact: .....

**II STUDENT**

Name of Student: .....

Date of birth: .../.../...

Sex: M/F

Home Institution: .....

Contact: .....

**III MOBILITY PERIOD**

Study Programme: .....

Field of study: .....

Period of enrolment: .../.../... – .../.../...

No. of courses attended: .....

**IV ACADEMIC RECORD**

Code	Course unit title	Semester	ECTS	Grade
			Total	Average

**V GRADING**

Grade	Classification	Points	ECTS Grade	Percentage
10	Excellent – outstanding	95-100	A	10%
9	Excellent	85-94	B	25%
8	Very good	75-84	C	30%
7	Good	65-74	D	25%
6	Sufficient	55-64	E	10%
5	Insufficient – failed	less than 54	F	

Signature  
(dean/administration officer)

Stamp