

## **MOBILITY ACTIVITY PLAN**

Student's name Academic Year 20.../20..

for exchange students, if preparation of diploma, master thesis or doctoral dissertation is planned

Student	Last name(s)	First name(s)	Date of birth	Study cycle	Field of education

To be filled in by <u>exchange</u> students, if preparation of diploma, master thesis or doctoral dissertation is planned:											
Title of final work											
Description of final work											
Description of planned activities at the Receiving Institution			_								
Mentor at the Receiving Institution (name, surname, e-mail)											
Mentor at the Sending Institution (name, surname, e-mail)											
Number of ECTS for research activities, preparation of diploma, master thesis or doctoral dissertation at the Receiving Institution:											
Number of ECTS f	or research	n activities, preparation of diplom	na, master thesis or doctoral diss	ertation at the Send	ing Institutio	n:					
<b>Commitment</b> By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Mobility Activity Plan that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the Inter-Institutional Agreement for institutions located in Partner Countries). The Sending Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the planned activities should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed Mobility Activity Plan and to count them towards the student's degree. Any exceptions to this rule are documented in an annex of this Mobility Activity Plan and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.											
Commitment		Name	Email	Position	Date	Signature and					
Student				Student							
Responsible person <sup>i</sup> at the Sending Faculty				Vice-Dean/ ECTS coordinator							
Responsible person <sup>ii</sup> at the Sending Institution		Prof. Sanja Bijakšić, PhD	<u>sanja.bijaksic@sum.ba</u>	Vice-Rector for International Relations							
Responsible perso Receiving Fac											

<sup>&</sup>lt;sup>1</sup> Responsible person at the Sending Institution: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

<sup>&</sup>lt;sup>ii</sup> Responsible person at the Sending Institution: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

iii Responsible person at the Receiving Institution: the name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.