



REQUEST FOR RECOGNITION OF PRIOR LEARNING

Recognition of previously acquired ECTS points/evaluation of learning outcomes

INFORMATION ABOUT THE STUDENT

Full name _____ JMBAG _____

Address _____

e-mail: _____ Tel: _____ Mob. tel: _____

Enrolled in the Faculty of Dental Medicine on: _____

_____ (name of study program, academic year)

1. RECOGNITION OF FORMAL LEARNING

Previously acquired ECTS credits / learning outcomes were achieved at:

Name of institution _____

Name of program _____

No.	Previous learning (name of the course/learning outcome)	ECTS credits	Recognition of prior learning (name of the course/learning outcome at the Faculty of Dental Medicine in Rijeka)	ECTS credits

2. RECOGNITION OF NON-FORMAL AND INFORMAL LEARNING

I ask for the learning outcomes previously acquired at

_____ :

(name of institution)

Rijeka, _____

Student's signature



Attachments:

For point 1. attach:

1. Certified transcript of grades or certificate of completed program
2. Certified detailed description of the course/programme (programme content, number of teaching hours, list of literature, number of ECTS points obtained, method of checking learning outcomes)
3. _____
4. _____

For point 2. attach:

Attachments (evidence of acquired learning outcomes and competencies, e.g.: certificate, author's works, data on previous training and/or work experience, etc.):

1. _____
2. _____
3. _____

The request is submitted to the Student Service of the Faculty of Dental Medicine, Krešimirova 42.