



Course/Learning Outcomes Recognition Form

Department _____

Course holder _____

Student _____ (name and surname)

_____ (JMBAG / Academic Citizen Unique ID Number)

is acknowledged – not acknowledged (circle) with the passed course/learning outcomes and

attended classes from the course _____

_____ (state the name of the course at the Faculty of Dental Medicine) with

grade _____, percentage _____ and

_____ ECTS point(s), passed at _____

_____ (name of the University, Faculty and date of the passed course).

Course holder

(name, surname, title)

Stamp of the Department/Faculty

Rijeka, _____ (date)