

The sending institution

Name of the sending institution :

Country :

Study period : A year Fall semester Spring semester

Student's information

First name :

Last name :

Gender : Female Male

Details of the Learning Agreement

Course Unit Code	Course unit title in the receiving institution (as indicated in the course catalogue)	Number of credits
TOTAL CREDITS		

Fair translation of grades must be ensured and the student has been informed about the methodology.

The student

Student's signature :

Date (DD/MM/YYYY) :

The sending institution

We hereby confirm that the student's learning agreement is approved.

Name, function and signature of the person responsible in the sending institution :

Date (DD/MM/YYYY):

Stamp of the institution :

The receiving institution

We hereby confirm that the student's learning agreement is approved.

Name, function and signature of the person responsible in the receiving institution :

Anne-Marie HAVARD, Head of studies

Date (DD/MM/YYYY) :

Stamp of the institution :