



# Learning Agreement

## Spring Semester 2020

### Personal Data

Family name	_____				
First name(s)	_____				
Sending institution	_____				
Country	_____				
Department of study at INSA	<input type="checkbox"/> ASI	<input type="checkbox"/> CFI	<input type="checkbox"/> EP	<input type="checkbox"/> GM	<input type="checkbox"/> GC
	<input type="checkbox"/> MECA	<input type="checkbox"/> MRI			

### Study Plan

List the courses you are applying for **SPRING SEMESTER** (code, title, ECTS credits). [ECTS Catalogue: click here.](#)

Code	Title	ECTS Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>TOTAL</b> _____

### Signature of the student

_____	_____
Date, Place	Signature

### Sending Institution

### Receiving Institution

*We confirm that this proposed programme of study/learning agreement is approved.*

_____	_____
Date, Place	Date, Place
_____	_____
Departmental coordinator's signature and stamp	Departmental coordinator's signature and stamp