

Learning Agreement

Autumn 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"/> MECA	<input type="checkbox"/> MRI		<input type="checkbox"/> GC

Study Plan

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

Code	Title	ECTS Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

Signature of the student

_____ Date, Place	_____ Signature
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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

Learning Agreement

Spring Semester 2021

Personal Data

Family name	<hr/>				
First name(s)	<hr/>				
Sending institution	<hr/>				
Country	<hr/>				
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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
		TOTAL <hr style="border-top: 1px solid red;"/>

Signature of the student

<hr/>	<hr/>
Date, Place	Signature

Sending Institution

Receiving Institution

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

<hr/>	<hr/>
Date, Place	Date, Place
<hr/>	<hr/>
Departmental coordinator's signature and stamp	Departmental coordinator's signature and stamp