

Learning Agreement

Autumn Semester 2021

Personal Data

Family name _____
 First name(s) _____
 Sending institution _____
 Country _____
 Department of study at INSA
 ASI

 CFI

 EP

 GM

 GC
 MECA

 MRI

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

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

