

Learning Agreement

Spring Semester 2024

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	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