INSA ROUEN NORMANDIE

Learning Agreement

Autumn Semester 2024

Personal Data

Family name _____

First name(s) _____

Sending institution _____

Country _____

Department of study at INSA ☐ ITI ☐ CFI ☐ EP ☐ GM ☐ GC ☐ MECA ☐ GPGR

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

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

_____

Date, Place

_____

Departmental coordinator's signature and stamp

Receiving Institution

_____

Date, Place

_____

Departmental coordinator's signature and stamp

INSA ROUEN NORMANDIE

Learning Agreement

Spring Semester 2025

Personal Data

Family name _____

First name(s) _____

Sending institution _____

Country _____

Department of study at INSA ☐ ITI ☐ CFI ☐ EP ☐ GM ☐ GC ☐ MECA ☐ GPGR

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

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

_____

Date, Place

_____

Departmental coordinator's signature and stamp

Receiving Institution

_____

Date, Place

_____

Departmental coordinator's signature and stamp