

LEARNING AGREEMENT TO BE COMPLETED ELECTRONICALLY
Handwritten forms will not be processed

ACADEMIC YEAR 20 / 20 - Field of study at Insa Strasbourg:

LAST NAME	First name	Sending institution	Receiving institution	Study semester 1	Study semester 2
		INSA Strasbourg		<input type="checkbox"/>	<input type="checkbox"/>

Course unit code	Course unit title	Credits of the host university
TOTAL:		

Student's signature: Date:

SENDING INSTITUTION
We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature Date:	Institutional coordinator's signature Date:
Stamp:	Stamp:

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

Departmental coordinator's signature Date:	Institutional coordinator's signature Date:
Stamp:	Stamp:

**CHANGES TO THE ORIGINAL LEARNING AGREEMENT
TO BE COMPLETED ELECTRONICALLY
Handwritten forms will not be processed**

ACADEMIC YEAR 20 / 20 - Field of study at Insa Strasbourg:

LAST NAME	First name	Sending institution	Receiving institution	Study semester 1	Study semester 2
		INSA Strasbourg		<input type="checkbox"/>	<input type="checkbox"/>

Course unit code	Course unit title	Course without any change	Deleted course	Added course	Credits of the host university
TOTAL:					

Student's signature: Date:

SENDING INSTITUTION
We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date:
Stamp:	Stamp:

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

Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date:
Stamp:	Stamp: