

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

**ACADEMIC YEAR 201 / 201 - 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
<b>TOTAL:</b>		

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: .....

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

ACADEMIC YEAR 201 / 201 - 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
<b>TOTAL:</b>					

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: