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**LEARNING AGREEMENT TO BE COMPLETED ON THE COMPUTER**

**ACADEMIC YEAR 201 / 201 - FIELD OF STUDY: ..................................................**

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| **LAST NAME** | **First name** | **Sending institution** | **Receiving institution** | **Study semester 1** | **Study semester 2** |
|  |  | INSA Strasbourg |  |  |  |

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| **Course unit code** | **Course unit title** | **Credits of the host university** |
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|  |  | **TOTAL CREDITS:** |

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| Student’s signature: .................................................................................................................................. Date: .......................... |

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| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature........................................................................Date: .............................................................Stamp:  | Institutional coordinator’s signature..................................................................................Date: ........................................................................Stamp:  |

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| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature........................................................................Date: ...........................................................Stamp:  | Institutional coordinator’s signature..................................................................................Date: .................................................................Stamp:  |

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**CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

**TO BE COMPLETED ON THE COMPUTER**

**ACADEMIC YEAR 201 / 201 - FIELD OF STUDY: ..................................................**

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| **LAST NAME** | **First name** | **Sending institution** | **Receiving institution** | **Study semester 1** | **Study semester 2** |
|  |  | INSA Strasbourg |  |  |  |

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| **Course unit code** | **Course unit title** | **Course without any change** | **Deleted course** | **Added course** | **Credits of the host university** |
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| Student’s signature: .................................................................................................................................. Date: .......................... |

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| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature........................................................................Date: .............................................................Stamp:  | Institutional coordinator’s signature..................................................................................Date: ........................................................................Stamp:  |

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