INSTITUT NATIONAL DES SCIENCES APPLIQUÉES STRASBOURG

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

ACADEMIC YEAR 20 [ ] / 20 [ ] Class: (ex. GC4, AI3) [ ]

LAST NAME	**First name**	**Semester 1** ☐	**Semester 2** ☐
Home institution: INSA Strasbourg	**Host institution:**		

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: .

Stamp:

Institutional coordinator's signature

.....

Date:

Stamp:

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:

INSA STRASBOURG
24, boulevard de la Victoire
67084 Strasbourg cedex
Tél. +33 [0]3 88 14 47 00 - Fax + 33 [0]3 88 24 14 90
www.insa-strasbourg.fr

INSTITUT NATIONAL DES SCIENCES APPLIQUÉES STRASBOURG

CHANGES TO THE ORIGINAL LEARNING AGREEMENT
TO BE COMPLETED ELECTRONICALLY
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ACADEMIC YEAR 20 / 20 **Class: (ex.GC4, AI3)**

LAST NAME	**First name**	**Semester 1** ☐	**Semester 2** ☐
Home institution: **INSA STRASBOURG**	**Host institution:**		

Course unit code	Course unit title	No change	Deleted course	Added course	Credits of the host university
					TOTAL:

Student's signature: ..... Date:

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