



LEARNING AGREEMENT

Name of the sending institution:

Country:

Last and First name of the student:

Sex: M F

Name of the host institution:

Country:

STUDY ABROAD LEARNING AGREEMENT

For the following programs: ABS exchange program and IGS Global program, please choose 2-3 alternatives as some classes may overlap or conflict.

Course Unit code	Course Unit Title in the receiving institution (as indicated in the course catalogue)	1st choices	2nd choices	Semester	Number of credits (ETCS or US credits)
TOTAL CREDITS ECTS (MINIMUM 30/SEMESTER)					

If you have made course modifications or do not have enough space in this table, please refer to the supplementary Learning Agreement on page 2. (All change of course must be indicated in this pedagogical contract and submitted to your sending institution for validation).

ÉTABLISSEMENT D'ENVOI / SENDING INSTITUTION

“We confirm that the information above is correct and we approve the student study programme”

Date:

Sending institution:

Last name, First name, Position held of the signatory:

Signature of the sending institution representative

Signature of the host institution representative

Student's signature



LEARNING AGREEMENT MODIFIED (IF APPLICABLE)

Name of the sending institution:

Country:

Last and First name of the student:

Sex:

Name of the host institution:

Country:

EXEPTIONAL CHANGES TO THE LEARNING AGREEMENT

Course Unit code	Deleted Course Unit (Tick the box if applicable)	Added Course Unit (Tick the box if applicable)	Course Unit Title in the receiving institution (as indicated in the course catalogue)	Semester	Number of ECTS credits
TOTAL CREDITS ECTS (MINIMUM 30/SEMESTRE / MINIMUM 30/SEMESTER)					

If you have made course modifications or do not have enough space in this table, please refer to the supplementary Learning Agreement on page 8. (All change of course must be indicated in this pedagogical contract and submitted to your sending institution for validation).

ÉTABLISSEMENT D'ENVOI / SENDING INSTITUTION

“We confirm that the information above is correct and we approve the student study programme”

Date:

Sending institution:

Last name, First name, Position held of the signatory:

Signature of the sending institution representative

Signature of the host institution representative

Student's signature