

LEARNING AGREEMENT

ACADEMIC YEAR 2024/2025

	Name of student : Sending institution : Country :						
DETAILS	OF THE PROPOSED STUD	Y PROGRAMME AB	ROAD/L	EARNING A	AGREEMENT		
_	nstitution: Grenoble INP - Uda:	GA's School:					
			Duration of the course		ion of the course		
Course code	Course t	itle	ECTS credits	Number of hours	Beginning Date/Ending Date		
	If necessary, p	lease continue the list (on a separ	ate sheet			
Student's sig	nature:	Date:	• • • • • • • • • • • • • • • • • • • •				
SENDING	INSTITUTION						
We confirm	that the proposed programme	of study/learning agree	eement is	approved.			
Departmenta	l coordinator's signature:	Institution	al coordi	nator's sign	ature:		
			• • • • • • • • • • • • • • • • • • • •				
Date:		Date:					
RECEIVIN	G INSTITUTION						
We confirm	that the proposed programme	of study/learning agre	eement is	approved.			
We confirm that the proposed programme of study/learning agreement is approved. Departmental coordinator's signature: Institutional coordinator's signature:				nature:			
Date:		Date:					



Date:

LEARNING AGREEMENT

ACADEMIC YEAR 2024/2025

UG	Name of student:					
CHAN	GES TO ORIGINAL PROPO	SED STUDY				AGREEMENT
					Durat	ion of the course
Course code	Course title	Deleted Course Unit	Added Course Unit	ECTS credits	Number of hours	Beginning Date/Ending Date
	If necessary,	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	on a sepai	rate sheet	
Student's	s signature:	-	Date:			
We confir	rm that the proposed programme ental coordinator's signature:	Inst	itutional co	ordinator		
Date :		Da	te:			
We confir	VING INSTITUTION rm that the proposed programme ental coordinator's signature:		ning agreem			ıre:

Date: