




ECTS – EUROPEAN CREDIT TRANSFERT SYSTEM LEARNING AGREEMENT
ACADEMIC YEAR 2019/2020

Name of student:

Sending institution:

Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

 Receiving institution: Grenoble INP department:

FIELD OF STUDY at Grenoble INP:

Course code	Course title	ECTS credits	Duration of the course	
			Number of hours	Beginning Date/Ending Date
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.....

if necessary, please continue the list on a separate sheet

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:

RECEIVING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature:

Institutional coordinator's signature:

.....

.....

Date:

Date:



Name of student:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course code	Course title	Deleted Course Unit	Added Course Unit	ECTS credits	Duration of the course	
					Number of hours	Beginning Date/Ending Date
.....
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

if necessary, please continue the list on a separate sheet

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: _____

RECEIVING INSTITUTION
 We confirm that the proposed programme of study/learning agreement is approved.
 Departmental coordinator's signature: _____ Institutional coordinator's signature: _____
 Date: _____ Date: _____