

Name of student : .....

Sending institution : .....

Country : .....

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

**Receiving institution: Grenoble INP's School :** .....

**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"/>	.....	.....	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....
.....	.....	<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:
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**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 :