

Name of student :
Sending institution :
Country :

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: Grenoble INP - UGA's School:
Field of Study at Grenoble INP - UGA:

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:
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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:

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"/>
.....	<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 : _____