



LEARNING AGREEMENT

EXCHANGE STUDENT
Academic Year-.....

PERSONAL INFORMATION

Family name: First name:

Gender: F M Date of Birth: Place of Birth:

E-mail address:

Name of home institution:

Major at home institution:

Number of years achieved before departure:

Level of studies: Bachelor Master

HOST INSTITUTION

Name of receiving institution:

Country:

Study period: semester 1 (fall semester) semester 2 (spring semester)

DETAILS OF THE LEARNING AGREEMENT

Course code	Course title	Number of ECTS credits
TOTAL CREDITS ECTS		

Student's signature: _____ Date: ____/____/____



LEARNING AGREEMENT

EXCHANGE STUDENT
Academic Year-.....

HOST INSTITUTION: We confirm that the learning agreement is approved.

Departmental coordinator

Name: Célia Fernandez.....

Function: International Mobility Manager.....

E-mail: celia.fernandez@epita.fr.....

Phone: +33 (0)1 44 08 00 32.....

Date:/...../..... Signature:

Official Stamp from sending institution

HOME INSTITUTION: We confirm that the learning agreement is approved.

Departmental coordinator

Name:

Function:

E-mail:

Phone:

Date:/...../..... Signature:

Official Stamp from sending institution