INSTITUT NATIONAL DES SCIENCES APPLIQUÉES TOULOUSE

INCOMING LEARNING AGREEMENT

ACADEMIC YEAR 20..... – 20.....

Studies Mobility ☐
Internship Mobility ☐
Double Degree ☐
Autre (précisez) .....
.....

Semester ☐ 1 ☐ 2 ☐ Year

Field of study at INSA Toulouse :

NAME : **First name :** **Sex** ☐ **F** ☐ **M**

Sending institution :

Country :

DETAILS OF THE PROPOSED LEARNING AGREEMENT AT INSA

COURSE UNIT CODE *	COURSE UNIT TITLE IN THE RECEIVING INSTITUTION *	NUMBER OF ECTS CREDITS *	
		S1	**S2**
	TOTAL ECTS CREDITS		

* **as indicated in the ECTS programs**

Student's signature

Date :

SENDING INSTITUTION
« We confirm that the proposed learning agreement is approved »

Departmental coordinator's signature and stamp

Name / Email :

Date :

Departmental coordinator's signature and stamp

Name / Email:

Date :

INSTITUT NATIONAL DES SCIENCES APPLIQUÉES DE TOULOUSE
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Name :

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CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled only if appropriate. If necessary, continue this list on another sheet)

COURSE UNIT CODE *	COURSE UNIT TITLE IN THE RECEIVING INSTITUTION *	NUMBER OF ECTS CREDITS *
Unchanged courses		
New courses		
	TOTAL ECTS CREDITS	

* **as indicated in the ECTS programs**

Student's signature

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Date :