



INCOMING LEARNING AGREEMENT

ACADEMIC YEAR

EXCHANGE
SEMESTER(S)
DOUBLE DEGREE

Semester 1 2 Year

Field of study at INSA Toulouse :

NAME : First name : F M

Sending institution :

Country :

DETAILS OF THE PROPOSED LEARNING AGREEMENT AT INSA TOULOUSE

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 »

<p><u>Departmental coordinator's signature and stamp</u></p> <p>Name / Email :</p> <p>Date :</p>	<p><u>Institutional coordinator's signature and stamp</u></p> <p>Name / Email:</p> <p>Date :</p>
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INSTITUT NATIONAL DES SCIENCES APPLIQUÉES DE TOULOUSE
« We confirm that the proposed learning agreement is approved »

<p><u>Departmental coordinator's signature and stamp</u></p> <p>Name :</p> <p>Date :</p>	<p><u>Institutional coordinator's signature and stamp</u></p> <p>Name :</p> <p>Date :</p>
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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 :

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