

Contrat d'études / Learning agreement Academic year 2017/2018

1. STUDENT'S IDENTITY

Family name:	First name (s):
Sending Institution :	
Receiving Institution : IPSA, France international@ipsa.fr Field of study : 5251 - Ingénierie Aéronautique ERASMUS code : FPARIS 342	
Selected year : AERO3 ☐ AERO4 ☐ AERO5 ☐ Période d'études /Study period : semestre 1/semester 1 : ☐ semestre 2/semester 2 : ☐	
Option :	

2. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Course unit code (if any)	Course unit title	Number of ECTS credits
TOTAL CREDITS ECTS (min. 30/semestre/min. 30/semester)		

If necessary, continue the list on a separate sheet

Student's Signature:	Date : ____/____/ 20
ETABLISSEMENT D'ENVOI/SENDING INSTITUTION : « Nous confirmons que ce programme d'études /contrat d'études est approuvé / <i>We confirm that the proposed programme of study/learning agreement is approved »</i>	
Nom, et signature du coordinateur de département/faculté <i>Departmental coordinator's signature</i>	Date : ____/____/ 20
ETABLISSEMENT D'ACCUEIL/RECEIVING INSTITUTION : « Nous confirmons que ce contrat d'études est approuvé / <i>We confirm that this proposed programme of study/learning agreement is approved »</i>	
Nom et signature du coordinateur de département/faculté <i>Departmental coordinator's signature</i>	Date : ____/____/ 20

CHANGES TO ORIGINAL PROPOSED LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any)	Course unit title	Deleted course unit	Added course unit	Number of ECTS credits
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

If necessary, continue this list on a separate sheet

Student's Signature:	Date : ____/____/ 20
ETABLISSEMENT D'ENVOI/SENDING INSTITUTION : « Nous confirmons que les modifications du contrat d'études proposées ci-dessus sont approuvés / We confirm that the above-listed changes to the initially agreed learning agreement are approved »	
Nom, et signature du coordinateur de département/faculté <i>Departmental coordinator's signature</i>	Date : ____/____/ 20
ETABLISSEMENT D'ACCUEIL/RECEIVING INSTITUTION : « Nous confirmons que les modifications du contrat d'études proposées ci-dessus sont approuvés / We confirm that the above-listed changes to the initially agreed learning agreement are approved »	
Nom et signature du coordinateur de département/faculté <i>Departmental coordinator's signature</i>	Date : ____/____/ 20

SEPARATE SHEET (IF NECESSARY)

Course unit code (if any)	Course unit title	Number of ECTS credits
	TOTAL CREDITS ECTS (min. 30/semestre/<i>min. 30/semester</i>)	