

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date:

Name of student:

Sending institution:

..... Country:

approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

to be sent to:
franck.violet@univ-catholyon.fr