



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