

FUCE SCHOLARSHIP MOBILITY PROGRAMME LEARNING AGREEMENT 2023-2024

| ame of student: | | |
|---|---|------------------------|
| ending institution: | | |
| | Country: | |
| DETAILS OF THE PROAGREEMENT | OPOSED STUDY PROGRAMME ABROA | D/LEARNING |
| Receiving institution: | | |
| | Country: | |
| | | |
| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in the information package) | Number of ECTS credits |
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| | if necessary, continue the list on a separate sheet | |
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| We confirm that the proposed programme of study/learning agreement is approved. | | | |
|--|---------------------------------------|--|--|
| Departmental coordinator's signature | Institutional coordinator's signature | | |
| | | | |
| Date: | Date: | | |
| | | | |
| RECEIVING INSTITUTION | | | |
| We confirm that this proposed programme of study/learning agreement is approved. | | | |
| Departmental coordinator's signature | Institutional coordinator's signature | | |
| | | | |
| Date: | Date: | | |
| | | | |
| Name of student: | | | |
| Sending institution: | | | |
| | Country: | | |

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in the information package) | Deleted course unit | Added course unit | Number of ECTS credits | | |
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| if necessary, continue this list on a separate sheet | | | | | | |
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| Student's signature Date: | | | | | | |
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| SENDING INSTITUTION We confirm that the above-listed changes to the initially agreed programme of study/learning agreement | | | | | | |
| are approved. Departmental coordinator's signature Institutional coordinator's signature | | | | | | |
| Date: Date: | | | | | | |

RECEIVING INSTITUTION

We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are

| approved. | |
|--------------------------------------|---------------------------------------|
| Departmental coordinator's signature | Institutional coordinator's signature |
| | |
| Date: | Date: |

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