

EIVP LEARNING AGREEMENT

ACADEMIC YEAR : 20...../20.....

Domain of study :

Name of the mobility program (Erasmus, n+i, BRAFITEC...)	
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Student

Name		First Name	
Date of birth		Nationality	
Sex M/F		Level of French	
E-mail		Phone	
Study Cycle		Subject of study	

Sending Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country	
Contact person Name		Contact person Phone & e-mail	

Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country	
Contact person Name		Contact person Phone & e-mail	

MODIFICATIONS TO THE INITIAL LEARNING AGREEMENT

Class code	Class/Unit title	Class Canceled	Class Added	ECTS number
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Student's signature	Date
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Responsible person's signature (sending institution)	Date
<i>We approve the modifications of this learning agreement</i>	

Responsible person's signature (receiving institution)	Date
<i>We approve the modifications of this learning agreement</i>	