

FUCE SCHOLARSHIP MOBILITY PROGRAMME LEARNING AGREEMENT 2022-2023

Name of student:		
Sending 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
	if necessary, continue the list on a	

SENDING INSTITUTION					
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 indicat information package		Deleted course unit	Added course unit	Number of ECTS credits		
if necessary, continue this list on a separate sheet							
Student's signature							
Date:							
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 coordinato	Departmental coordinator's signature Institutional coordinator's signature						
Date:		 Date:					

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