

FUCE SCHOLARSHIP **MOBILITY PROGRAMME LEARNING AGREEMENT 2023-2024**

Academic Year 20..../20....

Vame of student:		
ending institution:		
	Country:	
DETAILS OF THE PROAGREEMENT	OPOSED STUDY PROGRAMME ABROAD)/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	
	separate sheet	
Fair translation of grades mu	st be ensured and the student has been informed	about the methodology

Student's signature	
	Date:

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 indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits	
	•			•	
	•			•	
				•	
•••••				•	
				•	
	•			•	
	·				
if necessary, conti	inue this list on a separate sheet				
Student's signature Date:					
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:					

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	
5	8	
Date:	Date:	

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