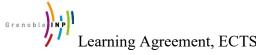


## ECTS – EUROPEAN CREDIT TRANSFERT SYSTEM LEARNING AGREEMENT ACADEMIC YEAR 2019/2020

Name of student:								
Sending inst	titution: .							
Country:								
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT  Receiving institution: Grenoble INP department:								
FII	ELD OF STUDY at (	Grenoble INP:		Durati	ion of the course			
Course code		Course title	ECTS credits	Number of hours	Beginning Date/Ending Date			
	if ne	cessary, please continue the list	on a separ	rate sheet				
Student's signature:		Date:	Date:					
	INSTITUTION that the proposed	rogramme of study/learning ag	reement is	approved.				
Departmental coordinator's signature:		ature: Institutio	Institutional coordinator's signature:					
Date:		Date:	Date:					
RECEIVIN	NG INSTITUTION							
We confirm	that the proposed pr	rogramme of study/learning ag	reement is	approved.				
Department	al coordinator's sign	ature: Institution	Institutional coordinator's signature:					
Date:		Date:	Date:					



Date:

		e illied ill (	ONLY if ap	propriate		ion of the course	
Course code	Course title	Deleted Course Unit	Added Course Unit	ECTS credits	Number of hours	Beginning Date/Ending Date	
	if necessary,	please conti	nue the list (	on a sepai	rate sheet		
Student's signature:		Date:					
We confi	IG INSTITUTION  rm that the proposed programental coordinator's signature:		/learning a				
Date: Date:							

Date: