

## MOBILITÉ EN SÉJOUR D'ÉTUDES / MOBILITY FOR STUDIES

## Contrat d'études / Learning agreement

Academic year			Field of study			
Name of Student						
Sending institution					Country	
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT						
Receiving institution					Country	
Course unit code			Course unit title (as	s indicated in the course catalogue)		Number of ECTS credits

## Telecom Paris – Contrat d'études / Learning agreement Number of Course unit Course unit title (as indicated in the course catalogue) code **ECTS** credits By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the learning Agreement and that they will comply with all the arrangements agreed by all parties. **STUDENT** Student's signature Name: Date: **RECEIVING INSTITUTION** Head of studies' signature International coordinator's signature Name: Name: Date: Date: **SENDING INSTITUTION**