

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM/LEARNING AGREEMENT

Name of the student :

Course Unit Code	Course Unit title	-	+	Course Level at host institution	Hours number per week	Type of evaluation	Number of credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
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Date :

Student's signature :

HOME INSTITUTION : IEP TOULOUSE

We confirm that the proposed program of study/learning agreement is approved.

Name	Position	Date	Signature

HOST INSTITUTION :

We confirm that the proposed program of study/learning agreement is approved.

Name	Position	Date	Signature



**SCIENCES PO
TOULOUSE**

International Relations
