# LEARNING AGREEMENT

ACADEMIC YEAR : 2024/2025

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| Name of the student : |
| Host Institution: ..............................................................................................…………………………….  Country : ....................................................... Email : ……………………………………….……………………… |

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| --- | --- | --- | --- | --- | --- |
| Course Unit Code | Course Unit title | Course Level | Hours number per week | Type of Exams | Number of Credits |
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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** |
| Stéphanie McLellan | Academic Coordinator | |  |  |
| **HOST INSTITUTION :**  We confirm that the proposed program of study/learning agreement is approved. | | | | |
| **Name** | **Position** | | **Date** | **Signature** |
|  |  | |  |  |

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM/LEARNING AGREEMENT**

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| Name of the student : |

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| Course Unit Code  ..................  ....................  .…..............  ....................  ....................  ...................  ....................  ...................  …………….. | Course Unit title  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ............................................... | **-**  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | +  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Course Level at host institution  ……….  ………..  ………..  …………  …………  …………  …………  …………  …………  ………… | Hours number per week  …………  …………  …………  …………  …………  …………  …………  …………  ………… | Type of evaluation  ………..  …………  …………  …………  …………  …………  …………  …………  …..……  ……….. | Number of credits  …………  …………  …………  …………  …………  …………  …………  …………  …………  ………… |

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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** |
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