# LEARNING AGREEMENT

 ACADEMIC YEAR : 2024/2025

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Unit Code | Course Unit title | Course Level | Hours number per week | Type of Exams | Number of Credits |
| ........................................................................................................................................................ | ...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................……........................................................................ | …………………………………………………………………………........................................…………………… | ……………………………………………………………………………………………………………………………… | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ………………………………………………………………………………………………………… |

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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………………………………………………………………………………………………………… |

|  |  |
| --- | --- |
| 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** |
|  |  |  |  |