



## **LEARNING AGREEMENT**

Academic year: 2022–2023

This form must be con	npleted with a full list of semester courses and returned to the IAE Into	ernational Re	elations office
Student's full name:			
Home University:		•••••	
Period of study:			
Course code for	Course title		Number of
Exchange Students	course title		ECTS credits
		TOTAL	ECTS
Student's signature:			
Date://			
Home Institution: we d	onfirm that this learning agreement has been approved		
Name, signature of the De	epartmental Coordinator:		
stamp of the Institution: .			
Date://			
<b>Host Institution:</b> we co	nfirm that this learning agreement has been approved		
Ms Jessie CHIAVASSA, He	ad of IAE Montpellier International Relations Office		
stamp of the Institution: .			
Date://			
Date:///			

