

LEARNING AGREEMENT

ACADEMIC YEAR			
DURATION	1ST SEMESTER	2ND SEMESTER	FULL YEAR

STUDENT AND HOME UNIVERSITY INFORMATION	
Last Name	First Name
Home University	
Country	Level
Major	Minor
Exchange program	

PLANNED STUDIES AT UNIVERSITE PARIS-EST CRETEIL VAL DE MARNE	
Department / School	
Major / Program	

CODE	LEVEL	DAY AND HOURS	PROFESSOR'S NAME	COURSE TITLE	CREDITS
Date :	Student's signature:			Total credits	

SENDING INSTITUTION	
<i>We confirm that we accept this studies program</i>	
Date :	Date :
Coordinator's signature	Head of the international relations office's signature

RECEIVING INSTITUTION : UNIVERSITE PARIS-EST CRETEIL VAL DE MARNE	
<i>We confirm the reception of the student application and the learning agreement</i>	
The student mentioned above is : Accepted Rejected	Rejection explanation:
Date :	Date :
Coordinator's signature	Head of the international relations office's signature