

LEARNING AGREEMENT

ACADEMIC YEAR			
DURATION	1 ST SEMESTER	2 ND 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