**LEARNING AGREEMENT FOR STUDIES**

 **The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Gender [*M/F*] |  | Academic year |  |
| Study level |  | Subject area code |  |
| Phone number |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Erasmus code |  | Department |  |
| Address |  | Country |  |
| Contact personname |  | Contact persone-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Université Côte d’Azur (UCA) | Faculty | Polytech Nice Sophia (PNS) |
| Erasmus code (if applicable) | F NICE 42 | Department | ……… |
| Address | Campus Sophi@Tech930 Route des Colles06903 Sophia Antipolis | Country | France |
| Contact personname | Prof. Marc GaetanoErasmus+coordinator | Contact persone-mail / phone | bri@polytech.unice.fr |

**PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from …………………..till …………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| **Componentcode (if any)**  | **Component title (as indicated in the course catalogue) at the receiving institution** | **Semester [autumn / spring][or term]** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion** |
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|  |  |  | Total: ………… |

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| **The student**Student’s signature Date:  |

|  |
| --- |
| **The sending institution**Stamp - Responsible person’s signature Date:   |

|  |
| --- |
| **The receiving institution** (Polytech Nice Sophia)Stamp - Responsible person’s signature Date:  |