**Learning agreement plan**

Academic Year 2023/2024

Student’s name:

Student’s first name:

Home university:

Home country:

Department in *Université Paris 1 Panthéon-Sorbonne*:

Period of study at *Université Paris 1 Panthéon-Sorbonne*

 [ ]  1st semester (from September to January)

 [ ]  2nd semester (from January to June)

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| **Courses planned in home university**  |
| Semester (1st or 2nd) | Name of the course | Number of credits (ECTS) |
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|  |  |  |
|  | Total number of credits |  |

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| **Courses followed at *Université Paris 1 Panthéon-Sorbonne***  |
| Semester (1st or 2nd) | Name of the course | Class code | Number of credits (ECTS) |
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|  |  |  |  |
|  |  |  |  |
|  | Total number of credits |  |

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| **Student** |  | **Home university** |
| [ ]  I declare have respected the terms of course selection of the department in which I will be registered in and follow a majority of the courses stated above.Date & signature : |  | [ ]  I declare approve this learning agreement stated above.Name and function of responsible person in home university:Date & signature : |