

CONTRAT D'ÉTUDES (LEARNING AGREEMENT)

Année de l'échange (Year of Exchange) **2026-2027**

Formation non diplômante (Non-degree program)

Programme : Applied Mechanical Engineering

NOM DU PROGRAMME (NAME OF THE EXCHANGE PROGRAM)

Nom - Prénom de l'étudiant(e) (Student's Last and First Name)

Etablissement d'origine (Sending Institution)

I - PROGRAMME D'ÉTUDES (DETAILS OF THE PROPOSED STUDY ABROAD PROGRAM)

Établissement d'accueil (Host Institution)	ECOLE NATIONALE D'INGENIEURS DE METZ
Pays (Country) FRANCE	Durée (Length of Program) 1 semestre (Sept. to Jan)

Code du cours (Course unit code)	Titre du cours (Course unit title)	Nombre de crédits : ECTS ou autres (Number of credits : ECTS or other)	Matières choisies (Selected classes)
Semester 1 (Sept – Jan)			
9JECGM08	Transverse Project	4	☐
9JEL0M19	Design and manufacturing of personalized devices	4	☐
9JEL0M18	CAD Project	4	☐
9JECGM05	Mechanical behaviour of biological tissues	5	☐
9JECGM02	ORION Premium Laboratory Practice	3	☐
9JPJBM01	Review of literature for Master's thesis	3	☐
9JECGM03	Basic Medical Knowledge	2	☐
9JECGM07	Patient-specific FE modeling	6	☐
9JECGM06	Human movement analysis	4	☐
9KML1M21	Computational Fluid Dynamics (CFD)	2.5	☐
9KML1M22	Electrical energy transport	2.5	☐
1WEKKM01	School Project: 240 hours (3rd year of Bachelor and Master levels)	24	☐
1WEKKM02	School Project: 120 hours (3rd year of Bachelor and Master levels)	12	☐
	French foreign language (UFR LANSAD) for ERASMUS and Intra-Europeans	3	☐

Signature de l'étudiant(e) (Student's signature)

Date :

ETABLISSEMENT D'ORIGINE (SENDING INSTITUTION)

Nous confirmons que ce programme d'études / contrat d'études est approuvé (We confirm that the proposed program of study/learning agreement is approved).

1- **Nom et signature du coordinateur de département / responsable pédagogique** (Academic department coordinator's name & signature)

Date :

2- **Nom et signature du coordinateur d'établissement** (Institutional coordinator's name & signature)

Date :

ETABLISSEMENT D'ACCUEIL (HOST INSTITUTION)

Nous confirmons que ce programme d'études / contrat d'études est approuvé (We confirm that the proposed program of study/learning agreement is approved).

1- **Sophie HENNEQUIN** (Academic department coordinator's name & signature)

Date :

2- **Thierry DUBA** (Institutional coordinator's name & signature)

Date :