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*) Full year (Sep. to July)

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	☐
	Semester 2 (Jan - June)		
6JEL0M04	Thermics	2	☐
6JEL0M11	Materials and surfaces	2	☐
6JEL0M14	Project control method	1.5	☐
8JEL0M04	Energetics	2.5	☐
2WEKKM01	School Project: 240 hours (3rd year of Bachelor and Master levels)	24	☐
2WEKKM02	School Project: 120 hours (3rd year of Bachelor and Master levels)	12	☐

Signature de l'étudiant(e) (*Student's signature)*	**Date** :.....

ETABLISSEMENT D'ORIGINE (*SENDING INSTITUTION*)	**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- **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** :.....	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** :.....