

## CONTRAT D'ÉTUDES (LEARNING AGREEMENT)

Année de l'échange (Year of Exchange) **2025-2026**

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)	<b>ÉCOLE NATIONALE D'INGENIEURS DE METZ</b>
Pays (Country) <b>FRANCE</b>	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)
<b>Semester 1 (Sept – Jan)</b>			
9WECGM01	Anatomy	1.5	<input type="checkbox"/>
9WECGM04	Medical imaging and image processing	2	<input type="checkbox"/>
9WECGM09	Transverse Project	3.5	<input type="checkbox"/>
9WECGM13	Design and manufacturing of personalized devices	2	<input type="checkbox"/>
9WECGM14	CAD Project	4	<input type="checkbox"/>
9WECGM15	Mechanical behaviour of biological tissues	6	<input type="checkbox"/>
9WECGM16	Biomimetics	4	<input type="checkbox"/>
9WECGM17	Review of literature for Master's thesis	4	<input type="checkbox"/>
9WECGM18	Basics in cell biology, histology and biomaterial science	1.5	<input type="checkbox"/>
9WECGM19	Patient-specific FE modeling	6	<input type="checkbox"/>
9WECGM20	Human movement analysis	4	<input type="checkbox"/>
9KML1M21	Computational Fluid Dynamics	1.5	<input type="checkbox"/>
9KML1M26	Electrical energy transport	1.5	<input type="checkbox"/>
9KML1M55	How to read automotive electrical wiring diagrams	2	<input type="checkbox"/>
1WEKKM01	School Project: 240 hours (3rd year of Bachelor and Master levels)	24	<input type="checkbox"/>
1WEKKM02	School Project: 120 hours (3rd year of Bachelor and Master levels)	12	<input type="checkbox"/>
	French foreign language (UFR LANSAD) for ERASMUS and Intra-Europeans	3	<input type="checkbox"/>

Signature de l'étudiant(e) (Student's signature)	Date : .....
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ETABLISSEMENT D'ORIGINE (SENDING INSTITUTION)	ETABLISSEMENT D'ACCUEIL (HOST INSTITUTION)
<p>Nous confirmons que ce programme d'études / contrat d'études est approuvé (We confirm that the proposed program of study/learning agreement is approved).</p> <p>1- Nom et signature du coordinateur de département / responsable pédagogique (Academic department coordinator's name &amp; signature)</p> <p>Date : .....</p> <p>2- Nom et signature du coordinateur d'établissement (Institutional coordinator's name &amp; signature)</p> <p>Date : .....</p>	<p>Nous confirmons que ce programme d'études / contrat d'études est approuvé (We confirm that the proposed program of study/learning agreement is approved).</p> <p>1- Sophie HENNEQUIN (Academic department coordinator's name &amp; signature)</p> <p>Date : .....</p> <p>2- Thierry DUBA (Institutional coordinator's name &amp; signature)</p> <p>Date : .....</p>