

**ACADEMIC YEAR 2018/2019 - FIELD OF STUDY: Logistics and Supply Chain at ISEL**

Name of student: .....

Sending institution:.....

Country: .....

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

LSC 2019	COURSES	ECT S	Professors
LSC 101	<i>Logistics and Witness Simulation tool</i>	4	Valerie Cans, Engineer, ISEL
LSC 102	<i>Valver Business Game</i>	2	Valerie Cans, Engineer, ISEL
LSC 103	<i>Lean Management</i>	1,5	Doug Hales, URI, USA
LSC 104	<i>Production Logistics 4.0</i>	1,5	Fabian Behrendt & Niels Schmidtke IFF, Germany
LSC 105	<i>Business Policies</i>	1,5	Frank Guérin, ISEL, University of Le Havre
LSC 106	<i>Shipping logistics &amp; SCM</i>	3,5	Fousséni Gomina, Consultant, Paris
LSC 107	<i>Retail management &amp; Logistics</i>	3	Marie-Laure Baron, ISEL, University of Le Havre
LSC 108	<i>Cross Cultural Management</i>	1,5	María A. Sánchez, Stenden University, NL & N. Barubé,
LSC 109	<i>French Culture &amp; History</i>	3,5	Nicolas Barubé, ISEL, University of Le Havre
LSC 110	<i>Logistics engineering</i>	3	Arnaud Belhomme, ISEL, University of Le Havre
LSC 111	<i>Introduction of robotics in logistics</i>	1,5	Jean-François Brethé, ISEL, University of Le Havre
LSC 112	<i>French Language</i>	5,5	Eric Martel, University of Le Havre
LSC 113	<i>Logistics at Renault &amp; Company Game</i>	3,5	Jollin Leseigneur, Senior Engineer, Renault Sandouville
	Total	35,5	
LSC 114	<i>Be a Chef - Cooking Master Class -optional</i>	0,25	Atelier cuisine

Receiving institution: ISEL - Ecole d'ingénieurs – Université du Havre. France  
Erasmus CODE F LE-HAVR11 [international.isel@univ-lehavre.fr](mailto:international.isel@univ-lehavre.fr)

Student's signature .....

Date: .....

**SENDING INSTITUTION** We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature .....

Institutional coordinator's signature .....

Date: .....

Date: .....

**RECEIVING INSTITUTION** We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature .....

Institutional coordinator's signature .....

Date: .....

Date: .....

**APPLICATION IF CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**  
(to be filled in ONLY if appropriate)

Name of student: .....

Sending institution: .....

Country: .....

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
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if necessary, continue this list on a separate sheet

Student's signature .....

Date: .....

**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature .....

Institutional coordinator's signature .....

Date: .....

Date: .....

**RECEIVING INSTITUTION**

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature .....

Institutional coordinator's signature .....

Date: .....

Date: .....