

**Student Identity**

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

**Home Institution**

Name: \_\_\_\_\_

ERASMUS Code: (for European institutions) \_\_\_\_\_

Student advisor: \_\_\_\_\_

**Host Institution**

 Name: Ecole Centrale de Nantes

 ERASMUS Code: F NANTES07

 Specialisation's advisor: Myriam SERVIERES
**SPECIALISATION: Digital City**

Semester		Course title	ECTS Credits	Choose your courses
<b>Autumn semester</b> (September – January)	Specialisation courses	Object-Oriented Programming	3	<input type="checkbox"/>
		Databases	3	<input type="checkbox"/>
		Urban Data Modelling	3	<input type="checkbox"/>
		GIS Engineering	3	<input type="checkbox"/>
		Geographical Information Systems	3	<input type="checkbox"/>
		Professional Applications	3	<input type="checkbox"/>
		Urban Issues	3	<input type="checkbox"/>
		Urban Models: History and Critical Analysis	3	<input type="checkbox"/>
		Project 1	1	<input type="checkbox"/>
	Sports & Languages	Sports	0.5	<input type="checkbox"/>
Foreign Languages		0.5	<input type="checkbox"/>	
Professional option	.....	4	<input type="checkbox"/>	
<b>Spring Semester</b> (February – July)	Specialisation courses	Urban Morphogenesis Workshop	3	<input type="checkbox"/>
		City Representation	3	<input type="checkbox"/>
		Image analysis and processing	3	<input type="checkbox"/>
		Urban Policies	3	<input type="checkbox"/>
		Project 2	2	<input type="checkbox"/>
		Industrial or Laboratory Placement	14	<input type="checkbox"/>
	Sports & Languages	Sports	0.5	<input type="checkbox"/>
		Foreign Languages	0.5	<input type="checkbox"/>
Professional option	(same option as in the 1 <sup>st</sup> semester)	1	<input type="checkbox"/>	

**TOTAL:**

Student signature	Date:
<b>Home institution</b> advisor (Name and signature)	Date:

<b>Host Institution</b> Departmental Coordinator (Name and signature)	Institutional Coordinator
Date:	Date: