

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: Jean-Marie NORMAND
SPECIALISATION: Virtual Reality

Semester		Course title	ECTS Credits	Choose your courses
Spring Semester (February – July)	Specialisation courses	Collision detection and haptic feedback	3	<input type="checkbox"/>
		Hands on Virtual Reality	3	<input type="checkbox"/>
		Aural immersion	3	<input type="checkbox"/>
		Virtual Reality Applications : Conferences	3	<input type="checkbox"/>
		Applied Project	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"/>

TOTAL:

Student signature	Date:
Home institution advisor (Name and signature)	Date:

Host Institution Departmental Coordinator (Name and signature) Date:	Institutional Coordinator Date:
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