

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
Autumn semester (September – January)	Specialisation courses	Advanced C++ programming	3	<input type="checkbox"/>
		Industrial software development	3	<input type="checkbox"/>
		Fundamentals of Virtual Reality	3	<input type="checkbox"/>
		Real-time Computer Graphics	3	<input type="checkbox"/>
		Computer vision and augmented reality	3	<input type="checkbox"/>
		Geometric and physical models for Virtual Reality	3	<input type="checkbox"/>
		Scientific visualization	3	<input type="checkbox"/>
		3D interaction	3	<input type="checkbox"/>
		Project	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"/>	
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"/>
Professional option	(same option as in the 1 st semester)	1	<input type="checkbox"/>	

TOTAL:

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

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