

ACADEMIC YEAR 2019/2020 - FIELD OF STUDY: Logistics and Supply Chain at ISEL

Student's identity:.....
 Sending institution:.....
 Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

LSCM 2020	COURSES & SEMINARS	ECTS	
LSCM 101	<i>Logistics and Witness Simulation tool</i>	3,5	<i>Valerie Cans, Engineer, ISEL, University of Le Havre Normandie</i>
LSCM 102	<i>Global Risk & Crisis Management</i>	3,5	<i>Prof. Sophie Cans, ISEL, University of Le Havre Normandie</i>
LSCM 103	<i>Lean Management</i>	1,5	<i>Prof. Mehmet Gokhan Yalcin, URI, USA</i>
LSCM 104	<i>Production Logistics Management</i>	1,5	<i>Prof. Fabian Behrendt & Niels Schmidtke IFF, Germany</i>
LSCM 105	<i>Air transport industry 4.0</i>	1,5	<i>Prof. Kichan Park, INHA University, Korea</i>
LSCM 106	<i>Shipping logistics & Supply Chain Management</i>	3,5	<i>Dr. Fousséni Gomina, Consultant, Paris/Benin</i>
LSCM 107	<i>Artificial Intelligence (Business Focus)</i>	1	<i>Dr. Leif Meier, Hochschule Bremerhaven, Germany</i>
LSCM 108	<i>Intercultural Management</i>	6	<i>M. A. Sánchez, Stenden University, NL & N. Barubé, ISEL, University of Le Havre Normandie</i>
LSCM 109	<i>French Culture & History</i>	4,5	<i>Nicolas Barubé, ISEL, University of Le Havre Normandie</i>
LSCM 110	<i>French Language</i>	4	<i>Eric Martel, University of Le Havre Normandie</i>
Total		30,5	
LSCM 111	<i>Oenology - optional</i>	0,25	

Receiving institution*: ISEL - Ecole d'ingénieurs – Université Le Havre Normandie. France
 Erasmus CODE F LE-HAVR11 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:

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Date: Date:

*Although not likely, a seminar could be subject to amendments if the lecturer in charge was not to be eventually available
 For further information about **accommodation and other practical facts, please get in touch with International Office : sri@univ-lehavre.fr

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:

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Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date: