

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 (for European Institutions): **F NANTES 07**

Student advisor: **Guilio SCIARRA**

MASTER 2 in Civil Engineering - Materials and Structures in their Environment (C-ENG MSE)

Semester		Acronym	Course Title	ECTS Credits		
1 st semester (September to January)	Common core	M2_FLE3*	French Language*	2	<input type="checkbox"/>	
		M2_MSE_NUMAN	Numerical Analysis	5	<input type="checkbox"/>	
		M2_MSE_PORME	Mechanics of Porous Media	5	<input type="checkbox"/>	
		M2_MSE_PROJT	Project	2	<input type="checkbox"/>	
		M2_MSE_STATI	Statistics of Materials and Structural Reliability	4	<input type="checkbox"/>	
	Mixing courses from Materials or Structures track is not allowed	Materials track	M2_MSE_DESIG	Design and Behaviour of Modern Concrete	4	<input type="checkbox"/>
			M2_MSE_DURAB	Durability and Structural Maintenance	4	<input type="checkbox"/>
			M2_MSE_HOM	Homogenization Methods in Heterogeneous Media	4	<input type="checkbox"/>
			Structu res	M2_MSE_EARTH	Earthquake Engineering	4
M2_MSE_LRGINF	Large Infrastructures of Energy and Transport	4		<input type="checkbox"/>		
M2_MSE_TSTRUCT	Theory of Structures	4		<input type="checkbox"/>		
2 nd semester (February to August)		M2_C_ENG_THESIS	Master Thesis or Industrial Internship if you choose these 30 ECTS, your internship defence must take place at Centrale Nantes, and you must comply with our administrative process and its requirements.	30	<input type="checkbox"/>	

*The course may not open if the number of students is not sufficient, and there is no possibility of choosing this course once the mobility is started **Total (to complete) (min 15 ECTS)**

Student Signature:

Date: __/__/____

I certify that I have chosen the courses and ECTS credits required to validate my exchange mobility. Then, no changes can be made once the mobility starts unless there are exceptional and justified reasons.

Home institution advisor (Name, date and signature)

Name:

Date: __/__/____

This exchange mobility is certified to comply with the agreements signed between our establishments (especially regarding the minimal ECTS credits to be validated).

ECN Master track supervisor

Guilio SCIARRA

____/____/____

ECN Academic Affairs

Patrick ROZYCKI

____/____/____

ECN International Office

Vincent FREMONT

____/____/____

Contact: international@ec-nantes.fr