

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: **Catherine DA CUNHA**

MASTER 2 in Industrial Engineering - Agile Factory Management (I-ENG AFM)

| Semester | Acronym | Course Title | ECTS Credits | |
|--|------------------------|---|--------------|--------------------------|
| 1 st semester (September to January) | M2_FLE3* | French Language* | 2 | <input type="checkbox"/> |
| | M2_AFM_PROJCONF | Project & Conferences | 4 | <input type="checkbox"/> |
| | M2_AFM_SCHE | Shop Floor Scheduling | 4 | <input type="checkbox"/> |
| | M2_AFM_SCM | SCM | 4 | <input type="checkbox"/> |
| | M2_AFM_SUSTM | Sustainable manufacturing | 4 | <input type="checkbox"/> |
| | M2_MUTUAL_CPPS | Integrated Design and Implementation of CPPS | 4 | <input type="checkbox"/> |
| | M2_MUTUAL_DATA SCIENCE | Artificial Intelligence for Decision Making in Industrial Engineering | 4 | <input type="checkbox"/> |
| | M2_MUTUAL_MDMDS | Multicriteria Decision Making and Decision Support | 4 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| 2 nd semester (February to August) | M2_AFM_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

Catherine DA CUNHA

____/____/____

ECN Academic Affairs

Patrick ROZYCKI

____/____/____

ECN International Office

Vincent FREMONT

____/____/____

Contact: international@ec-nantes.fr