Università
Ca'Foscari
Venezia

International Cultural Exchange - Incoming Student

LEARNING AGREEMENT

Please fill in the form and get it signed first by the sending University and then by the hosting University.
If necessary, continue on a separate sheet.

Student's name _____	Student's surname _____
Sending institution	_____
Field of study	_____
Receiving Institution	Ca' Foscari University of Venice

Course unit code	Course unit title	Number of ECTS credits

Student's signature _____ Date (dd/mm/yyyy) _____

SENDING INSTITUTION:
We confirm that the proposed learning agreement is approved.

_____ Institutional Coordinator's signature

_____ Date (dd/mm/yyyy)

HOSTING INSTITUTION:
We confirm that the proposed learning agreement is approved.

_____ Institutional Coordinator's signature

_____ Date (dd/mm/yyyy)