



**International Cultural Exchange – Incoming
Visiting Student
LEARNING AGREEMENT**

Please fill in the form and get it signed first by the home University and then by the host University. If necessary, continue on a separate sheet. Send the document to incoming.visiting@unive.it

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) _____
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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)