



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	<u>Ca' Foscari University of Venice</u>		

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)