



Università
Ca' Foscari
Venezia

International Exchange Outgoing Student

LEARNING AGREEMENT

Please fill in the form and send it to the International Office of Ca' Foscari University of Venice by fax (+39 041 234 7567) or by e-mail (**international.mobility@unive.it**). The student has also to submit the original form by hand or by registered letter to the International Office of Ca' Foscari University within 15 days from the end of the Exchange mobility period.

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Academic year	_____	Semester	_____	Matriculation number	_____
Student's name	_____	Student's surname	_____		
Department	_____				
Sending institution	Università Ca' Foscari Venezia		Country	Italy	

Hosting Institution _____ Country _____

Course unit code	Course unit title	Number of university credits recognized at Ca' Foscari University
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	

OC = Original Course at the hosting university; **EC = Equivalent Course** at Ca' Foscari University.
If necessary, reprint the form and continue the list.

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

SENDING INSTITUTION:

We confirm that the proposed learning agreement is approved.

Academic contact person's signature

Date
(dd/mm/yyyy)

Exchange Institutional
Coordinator's signature

Date
(dd/mm/yyyy)

HOSTING INSTITUTION:

We confirm that the proposed learning agreement is approved.

Academic contact person's signature

Date
(dd/mm/yyyy)

Exchange Institutional
Coordinator's signature

Date
(dd/mm/yyyy)