



Università  
Ca' Foscari  
Venezia

**EU-SWISS MOBILITY PROGRAMME**  
**CHANGES TO THE LEARNING AGREEMENT**

Please fill in the form, get it signed by the hosting University and then send it to the International Office of Ca' Foscari University by email ([international.mobility@unive.it](mailto:international.mobility@unive.it)) to obtain the relevant signature.

**CHANGES TO THE ORIGINAL PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT  
(to be filled in only if appropriate)**

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

Hosting Institution \_\_\_\_\_ Country Switzerland

Course unit code	Course unit title	Del.	Add.	Number of university credits
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC	<input type="checkbox"/>	<input type="checkbox"/>	
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC	<input type="checkbox"/>	<input type="checkbox"/>	
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC	<input type="checkbox"/>	<input type="checkbox"/>	
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC	<input type="checkbox"/>	<input type="checkbox"/>	
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC	<input type="checkbox"/>	<input type="checkbox"/>	
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC	<input type="checkbox"/>	<input type="checkbox"/>	
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC	<input type="checkbox"/>	<input type="checkbox"/>	

**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) \_\_\_\_\_

<b>SENDING INSTITUTION:</b> We confirm that the proposed learning agreement is approved.	
_____	_____
Departmental Coordinator's signature	Date (dd/mm/yyyy)
<b>HOSTING INSTITUTION:</b> We confirm that the proposed learning agreement is approved.	
_____	_____
Departmental Coordinator's signature	Date (dd/mm/yyyy)