



Università
Ca' Foscari
Venezia

EU-SWISS MOBILITY PROGRAMME
LEARNING AGREEMENT

Please fill in the form and get it signed first by the sending University and then by the hosting University. The student has also to submit a scanned copy of the form to the International Office of Ca' Foscari University of Venice within 15 days from the end of the mobility period.

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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	Number of university credits
OC	OC	OC
EC	EC	EC
OC	OC	OC
EC	EC	EC
OC	OC	OC
EC	EC	EC
OC	OC	OC
EC	EC	EC
OC	OC	OC
EC	EC	EC
OC	OC	OC
EC	EC	EC
OC	OC	OC
EC	EC	EC
OC	OC	OC
EC	EC	EC
OC	OC	OC
EC	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.

_____	_____
Departmental Coordinator's signature	Date (dd/mm/yyyy)

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

_____	_____
Departmental Coordinator's signature	Date (dd/mm/yyyy)