



Università  
Ca'Foscari  
Venezia

– International Relations Office, Ca' Foscari, Dorsoduro 3246, 30123 Venice, Italy –

**International Cultural Exchange - Incoming Student**  
**LEARNING AGREEMENT FOR RESEARCH ACTIVITIES**

*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>		

<b>Description of the research activities:</b>
_____
_____
_____
_____
_____
_____
_____
_____

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

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