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 Ca’ Foscari University of Venice

Description of the research activities:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Student’s signature ___________________ Date (dd/mm/yyyy) ___________________

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)