



Università
Ca' Foscari
Venezia

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

DUAL-DEGREE PROGRAMME
CAPITAL NORMAL UNIVERSITY, P. R. CHINA
LEARNING AGREEMENT

Annex 1

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

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT
- indirizzo UMANISTICO -

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 _____

Course unit code	Course unit title	Number of university credits recognized at Ca' Foscari University
OC	Intermediate Chinese I Intermediate Writing I Intermediate Reading Comprehension I	12
LT008I	Lingua cinese 3 mod. 1	
OC	Intermediate Chinese II Intermediate Writing II Intermediate Reading Comprehension II	12
LT009I	Lingua cinese 3 mod. 2	
OC	<i>Three courses to be chosen among the selective ones offered to second year level 1 students</i>	12
LT011I	Lingua cinese classica 2	
LT2500	Società cinese contemporanea	
OC	<i>One course to be chosen among the selective ones offered to <u>second year level 2</u> students</i>	3+3
LT0030	Conoscenze informatiche (Abilità Informatiche)	
LT0750	Tirocinio/Stage	
OC	Intermediate Oral Chinese II <i>One course to be chosen among the ones offered to <u>second year level 2</u> students</i>	12
	Attività a scelta dello studente	

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.

Joint Degree Coordinator's signature

Date
(dd/mm/yyyy)

Institutional Coordinator's signature

Date
(dd/mm/yyyy)

HOSTING INSTITUTION:

We confirm that the proposed learning agreement is approved.

Joint Degree Coordinator's signature

Date
(dd/mm/yyyy)

Institutional Coordinator's signature

Date
(dd/mm/yyyy)