



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 LANGUAGE -**

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 II Intermediate Writing II Intermediate Reading Comprehension II	12
<b>LT008I</b>	<b>Lingua cinese 3 mod. 1</b>	
OC	Advanced Chinese (third year semester 1) Advanced Writing (third year semester 1) Advanced Oral Chinese (third year semester 1)	12
<b>LT009I</b>	<b>Lingua cinese 3 mod. 2</b>	
OC	Intermediate Oral Chinese II + <i>Two courses to be chosen among the selective ones offered to second year level 2 students</i>	12
<b>LT011I</b> <b>LT2500</b>	<b>Lingua cinese classica 2</b> <b>Società cinese contemporanea</b>	
OC	<i>Two courses to be chosen among the selective ones offered to third year level 1 (language) students</i>	3+3
<b>LT0030</b> <b>LT0750</b>	<b>Conoscenze informatiche (Abilità Informatiche)</b> <b>Tirocinio/Stage</b>	
OC	<i>Two courses to be chosen among the selective ones offered to third year level 1 (language) students</i>	12
	<b>Attività a scelta dello studente</b>	

**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

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Date  
(dd/mm/yyyy)

\_\_\_\_\_

Institutional Coordinator's signature

\_\_\_\_\_

Date  
(dd/mm/yyyy)