



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 TRANSLATION -

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