



**Double Degree in History with Universidad del Litoral**

**CONFIRMATION OF ARRIVAL**

*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 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.*

Academic year	_____	Semester	_____	Matriculation number	_____
Student's name	_____	Student's surname	_____		
Field of study	_____				
Sending institution	Università Ca' Foscari Venezia		Country	Italy	

**HOSTING INSTITUTION:**

Name and full address <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
International Relations Officer – name and surname, tel., fax, e-mail <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

**DATE OF ARRIVAL**

**at the hosting institution (dd/mm/yyyy):** \_\_\_\_\_

<p style="text-align: center;">Student's signature</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Date (dd/mm/yyyy) _____</p>	<p style="text-align: center;">International Relations Officer of the hosting institution: signature and stamp</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Date (dd/mm/yyyy) _____</p>
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**CONFIRMATION OF DEPARTURE**

*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 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.*

Academic year	_____	Semester	_____	Matriculation number	_____
Student's name	_____	Student's surname	_____		
Field of study	_____				
Sending institution	Università Ca' Foscari Venezia		Country	Italy	

**HOSTING INSTITUTION:**

Name and full address
_____
_____
International Relations Officer – name and surname, tel., fax, e-mail
_____
_____

**DATE OF DEPARTURE**

from the hosting institution (dd/mm/yyyy):

\_\_\_\_\_

Student's signature	International Relations Officer of the hosting institution: signature and stamp
_____	_____
Date (dd/mm/yyyy) _____	Date (dd/mm/yyyy) _____