



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

**Annex 1**

**LEARNING AGREEMENT**

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**

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

Hosting Institution Universidad del Litoral Country Argentina

Course unit code	Course unit title	Number of university credits recognized at Ca' Foscari University
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	
OC	OC	
EC	EC	

**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.

_____	_____	_____	_____
Departmental 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.

_____	_____	_____	_____
Departmental Coordinator's signature	Date (dd/mm/yyyy)	Institutional Coordinator's signature	Date (dd/mm/yyyy)