



Double Degree in History with Universidad del Litoral

CHANGES TO THE 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 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.

**CHANGES TO THE ORIGINAL PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT
(to be filled in only if appropriate)**

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	Del.	Add.	No. of university credits recognized at Ca' Foscari University
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
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)