



Università  
Ca' Foscari  
Venezia

– Educational Programmes Office, Campo San Sebastiano, Dorsoduro 1686, 30123  
Venice, Italy –

**International Exchange Outgoing Student**

**LEARNING AGREEMENT**

Please fill in the form and send it to the Education Programmes Office of the Department of Asian and North African Studies, Ca' Foscari University of Venice, by e-mail ([internazionale.dsaam@unive.it](mailto:internazionale.dsaam@unive.it)).

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

Academic year	_____	Semester	_____	Matriculation number	_____
Student's name	_____	Student's surname	_____		
Department	Department of Asian and North African Studies				
Sending institution	Università Ca' Foscari Venezia	Country	Italy		

Hosting Institution \_\_\_\_\_ Country \_\_\_\_\_

Course unit code	Course unit title	Number of university credits recognized
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	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) \_\_\_\_\_

<p><b>SENDING INSTITUTION:</b> We confirm that the proposed learning agreement is approved.</p> <p>_____</p> <p>Academic contact person's signature</p> <p>_____</p> <p>Date (dd/mm/yyyy)</p>	<p><b>HOSTING INSTITUTION:</b> We confirm that the proposed learning agreement is approved.</p> <p>_____</p> <p>Academic contact person's signature</p> <p>_____</p> <p>Date (dd/mm/yyyy)</p>
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