



Double Degree in French Studies

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

International Relations Officer – name and surname, tel., fax, e-mail

DATE OF ARRIVAL

at 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) _____



Double Degree in French Studies

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 (international.mobility@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) _____