**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

<table>
<thead>
<tr>
<th>Academic year</th>
<th>Semester</th>
<th>Matriculation number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s name</td>
<td>Student’s surname</td>
<td></td>
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<tr>
<td>Field of study</td>
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Sending institution: **Università Ca’ Foscari Venezia**

Hosting Institution: [Name of Hosting Institution]

**Description of the research activities for the degree thesis:**

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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): __________________________