Università Ca'Foscari Venezia

Double Degree in French Studies **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	Università Ca' Foscari Venezia			Country	Italy

Hosting Institution _____ Country _____

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)