



**Double Degree in Iberian and Ibero-American Studies with Universidad Nacional del Litoral**

**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](mailto: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 <u>Università Ca' Foscari Venezia</u> | Country <u>Italy</u>    |                            |

Hosting Institution Universidad Nacional del Litoral Country Argentina

| Course unit code | Course unit title | Number of university credits recognized at Ca' Foscari University |
|------------------|-------------------|---|
| 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) \_\_\_\_\_

|  |                   |                                       |                   |
|--|-------------------|---------------------------------------|-------------------|
| <b>SENDING INSTITUTION:</b>                                  |                   |                                       |                   |
| 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) |

|  |                   |                                       |                   |
|--|-------------------|---------------------------------------|-------------------|
| <b>HOSTING INSTITUTION:</b>                                  |                   |                                       |                   |
| 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) |