



Double Degree in History with Université de Rouen

Annex 2

CHANGES TO THE 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 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.

**CHANGES TO THE ORIGINAL PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT
(to be filled in only if appropriate)**

Academic year	_____	Semester	_____	Matriculation number	_____
Student's name	_____	Student's surname	_____		
Field of study	_____				
Sending institution	Università Ca' Foscari Venezia		Country	Italy	

Hosting Institution Université de Rouen Country Francia

Course unit code	Course unit title	Del.	Add.	No. of university credits recognized at Ca' Foscari University
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
EC	EC			
OC	OC	<input type="checkbox"/>	<input type="checkbox"/>	
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) _____

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)