



International Cultural Exchange - Incoming Student
CHANGES TO THE PROPOSED LEARNING AGREEMENT

*Please fill in the form and get it signed first by the sending University and then by the hosting University.
If necessary, continue on a separate sheet.*

Student's name _____	Student's surname _____
Sending institution _____	
Field of study _____	
Receiving Institution <u>Ca' Foscari University of Venice</u> _____	

Course unit code	Course unit title	Add course unit	Delete course unit	Number of ECTS credits
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Student's signature _____	Date (dd/mm/yyyy) _____
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SENDING INSTITUTION:	
We confirm that the proposed learning agreement is approved.	
_____	_____
Institutional Coordinator's signature	Date (dd/mm/yyyy)

HOSTING INSTITUTION:	
We confirm that the proposed learning agreement is approved.	
_____	_____
Institutional Coordinator's signature	Date (dd/mm/yyyy)