



Higher Education Learning Agreement for Research Activities

Student's name

Academic Year 20 /20

Once signed by both home University and the host University, please send this form to the International Office of Ca' Foscari University of Venice by email (icm@unive.it). The student has also to hand in the original form to the International Office of Ca' Foscari University of Venice within 15 days from the end of the Erasmus mobility period.

Academic year _____ Semester _____ Matriculation number _____
 (Ca' Foscari) _____
 Student's name _____ Student's surname _____
 Field of study _____
 Home institution _____ _Università Ca' Foscari Venezia_____ Country_Italy_____

1. Host Institution _____ 2. Country _____

Description of the research activities for the degree thesis:

Research activities coordinator at Ca' Foscari, prof.(signature) _____

Student's signature _____

Erasmus Departmental Coordinator's signature _____	Date (dd/mm/yyyy) _____
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