



Università
Ca' Foscari
Venezia

– International Office, Ca' Foscari, Dorsoduro 3246, 30123 Venice, Italy –

EU-SWISS MOBILITY PROGRAMME

CONFIRMATION OF ARRIVAL

Please fill in the form when you arrive at the hosting University and send it immediately to the International Office of Ca' Foscari University of Venice by fax (+39 041 234 7567) or by e-mail (international.mobility@unive.it). The student has also to submit the original form by hand or by registered letter to the International Office of Ca' Foscari University within 15 days from the end of the mobility period.

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

HOSTING INSTITUTION:

Name and full address

International Office Officer – name and surname, tel., fax, e-mail

DATE OF ARRIVAL

at the hosting institution (dd/mm/yyyy):

Student's signature	International Office Officer of the hosting institution: signature and stamp
_____	_____
Date (dd/mm/yyyy) _____	Date (dd/mm/yyyy) _____



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EU-SWISS MOBILITY PROGRAMME

CONFIRMATION OF DEPARTURE

Please fill in the form and get it signed by the hosting University. The student has to submit the original form by hand or by registered letter to the International Office of Ca' Foscari University of Venice within 15 days from the end of the mobility period.

Academic year _____	Semester _____	Matriculation number _____
Student's name _____	Student's surname _____	
Sending institution _____	Country _____	

HOSTING INSTITUTION:

Name and full address _____ _____
International Office Officer – name and surname, tel., fax, e-mail _____ _____

DATE OF DEPARTURE

from the hosting institution (dd/mm/yyyy): _____

Student's signature _____ Date (dd/mm/yyyy) _____	International Office Officer of the hosting institution: signature and stamp _____ Date (dd/mm/yyyy) _____
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