|  |  |  |
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|  | **Higher Education****Learning Agreement for Traineeships**  |  **Student’s name………….** **Academic Year 20…/20…** |

**During the Mobility**

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| --- | --- |
|  | **Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise**(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise) |
| **Planned period of the mobility: from [month/year] ……………. till [month/year] …………….** |
| **Traineeship title:** | **Number of working hours per week:** |
| **Detailed programme of the traineeship period:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)**: |
| **Monitoring plan:** |
| **Evaluation plan:** |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee |   |  | Trainee |   |  |
| Responsible person at the Sending Institution |   |   |   |   |  |
| Supervisor at the Receiving Organisation |   |   |   |   |  |