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

**During the Mobility**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 | |  |  | |  |  |  |