

Erasmus+ Learning Agreement Student Mobility for Traineeships

Higher Education:
Erasmus+
Learning Agreement form
Name: _____
Academic Year 20__/20__

During the Mobility

<p>Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation (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)</p> <p>Planned period of the mobility: from [day (optional)/month/year] till [day (optional)/month/year]</p> <p>If applicable, planned period(s) of the virtual mobility: from [day (optional)/month/year] to [day (optional)/month/year]</p>	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship period (including the virtual component, if applicable):	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):	
Monitoring plan:	
Evaluation plan:	