

Higher Education Learning Agreement for Traineeships

Name _____
Academic Year 2019/2020

After the Mobility (Alternative: traineeship certificate)

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise

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| Name of the trainee: |
| Name of the Receiving Organisation/Enterprise: |
| Sector of the Receiving Organisation/Enterprise: |
| Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website: |
| Start date and end date of traineeship: from [day/month/year] to [day/month/year] |
| Traineeship title: |
| Detailed programme of the traineeship period including tasks carried out by the trainee: |
| Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes): |
| Evaluation of the trainee: |
| Date: |
| Name and signature of the Supervisor at the Receiving Organisation/Enterprise: |