



Higher Education Learning Agreement for Traineeships

Name _____
Academic Year 2018/2019

During the Mobility
(Please fill in only the boxes that change!)

<p><i>Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise</i></p> <p>(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)</p> <p style="text-align: center;">Planned period of the mobility: from [day/month/year] till [day/month/year]</p>	
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:	
Contact details:	

Date, Signature (trainee):

Date, Signature (sending institution):

Date, Signature (receiving institution):