Name ______________________

Higher Education
Learning Agreement for Traineeships

Academic Year 2018/2019

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

| 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 [day/month/year] ................ till [day/month/year] ............... |

<table>
<thead>
<tr>
<th>Traineeship title: ...</th>
<th>Number of working hours per week: ...</th>
</tr>
</thead>
</table>

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):