

**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] .....

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):