

Learning Agreement Student Mobility for Traineeships

Higher Education:
Learning Agreement form

Name

Academic Year 2021/2022

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]	
If applicable, planned period(s) of the virtual mobility: from [day/month/year] to [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:	
Date, Signature (trainee):	
Date, Signature (sending institution), Stamp:	
Date, Signature (receiving institution), Stamp:	