

## LEARNING AGREEMENT

### Student Mobility for Traineeships (SMP)

### DURING THE MOBILITY

to be submitted at the latest 4 weeks before the changes come into effect

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise			
Trainee	First name		Last name
Planned period of the mobility:	<b>From</b> [dd/mm/yyyy]		<b>To</b> [dd/mm/yyyy]
Traineeship title:		Number of Working Hours per week:	
Detailed programme of the traineeship period:			
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):			
Evaluation of the trainee:			
<b>TRAINEE</b>	Name		Signature
	E-Mail		
	Position	Trainee	
	Date		
<b>Departmental Coordination at the Sending Institution</b>	Name		
	E-Mail		
	Position	Departmental Coordination	
	Date		
<b>Supervisor<sup>13</sup> at the Receiving Institution</b>	Name		
	E-Mail		
	Position		
	Date		