

During the Mobility

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] _____

Name of the Trainee:

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 Supervisor at the Receiving Institution

Date, Signature Responsible person at the Sending Institution