

LEARNING AGREEMENT

Student Mobility for Traineeships (SMP)

AFTER THE MOBILITY - DEPARTURE

Table D – Traineeship Certificate by the Receiving Organisation/Enterprise				
Trainee	Last name			
	First name			
Receiving Organisation/Enterprise	Name			
	Sector			
	Address [Street, N°]			
	Address [City, Country]			
	Website			
Start date and end date of internship (physical mobility)	from [dd/mm/yyyy]		to [dd/mm/yyyy]	
Traineeship title:				
Detailed programme of the traineeship period including tasks carried out by the trainee:				
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):				
Evaluation of the trainee:				
Date:	Name and Signature of the Supervisor at the Receiving Organisation/Enterprise:			