

## LEARNING AGREEMENT

### Student Mobility for Traineeships (SMP)

#### DURING THE MOBILITY - CHANGES

#### TRAINEE

Last name		First name	
City		Country	

Tabel A2 – Exceptional **Changes to the Traineeship Programme** at the Receiving Organisation/Enterprise (to be approved by e-mail or signature of the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Exceptional Changes in:	Duration*		
First day of work: <small>(dd/mm/yyyy)</small>		(NEW) Last day of work:	
Exceptional Changes in:	<input type="checkbox"/> Working Hours		
(NEW) Number of <b>Working Hours</b> per week:			
Exceptional Changes in:	<input type="checkbox"/> Detailed <b>programme</b> of the traineeship period:		
Exceptional Changes in:	<input type="checkbox"/> <b>Knowledge, skills and competences</b> to be acquired by the end of the traineeship (expected Learning Outcomes):		
Exceptional Changes in:	<input type="checkbox"/> <b>Monitoring</b> plan:		
Exceptional Changes in:	<input type="checkbox"/> <b>Evaluation</b> plan:		

\*In case of a desired EXTENSION of the internship, please hand in a new/adapted "Versicherungsauskunft" and "Corona-Erklärung" with this document.

#### COMMITMENT

	DATE	SIGNATURE
<b>TRAINEE</b>		
<b>SUPERVISOR</b> AT THE RECEIVING ORGANISATION		
<b>RESPONSIBLE PERSON</b> AT THE SENDING INSTITUTION		

**ONLY HANDWRITTEN SIGNATURES WILL BE ACCEPTED.**