

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 Working Hours per week:			
Exceptional Changes in:	<input type="checkbox"/> Detailed programme of the traineeship period:		
Exceptional Changes in:	<input type="checkbox"/> Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):		
Exceptional Changes in:	<input type="checkbox"/> Monitoring plan:		
Exceptional Changes in:	<input type="checkbox"/> Evaluation plan:		

*In case of a desired EXTENSION of the internship, the student needs to hand in a new/adapted "Versicherungsauskunft" with this document.

COMMITMENT

	DATE	SIGNATURE
TRAINEE		
SUPERVISOR AT THE RECEIVING ORGANISATION		
RESPONSIBLE PERSON AT THE SENDING INSTITUTION		

ONLY HANDWRITTEN SIGNATURES WILL BE ACCEPTED.