

Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form

Academic Year 2022/2023

AFTER THE MOBILITY

Table D - Traineeship Certificate by the Receiving Organisation / Enterprise

Name of the trainee:	
Name of the Receiving Organisation:	
Address of the Receiving Organisation:	
Sector of the Receiving Organisation:	
Traineeship title:	
Start date and end date of the complete traineeship: from (incl. virtual component, if applicable; please enter the first and last working day)	
Start date and end date of the physical traineeship: from to	
Detailed program of the traineeship period, including tasks carried out by the trainee:	
Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):	
,	
Evaluation of the trainee by the Receiving Organisation:	
Responsible Person at the Receiving Organisation/enterprise:	
Name:	
Responsible	
person's signature	
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