

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 physical mobility:	from	to
If applicable, period(s) of the virtual mobility:	from	to
<small>(Please enter the first and the last working day)</small>		
Number of working hours per week:		
Traineeship title:		
Detailed programme of the traineeship period:		
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship (expected Learning Outcomes):		
Monitoring plan:		
Evaluation plan:		

The trainee's name:

Trainee's signature:

Date:

The Sending Institution:

Responsible person's
position, signature and
stamp:

Date:

The Receiving Organisation/enterprise:

Responsible person's
position, signature and
stamp:

Date: