

Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form

Academic Year 202_/202_

AFTER THE MOBILITY

Table D - Traineeship Certificate by the Receiving Organisation / Enterprise

Name of the trainee:	
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):	
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Evaluation of the trainee by the Receiving Organisation:	
Beansnaible Barean at the Beasiving Organisation/ontermine:	
Responsible Person at the Receiving Organisation/enterprise:	
Name:	
Dagagaikla	
Responsible person's	
signature	
and stamp:	Date: