

## 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)

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

**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: