

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: