

Erasmus+ Learning Agreement Student Mobility for Traineeships

Higher Education:
Erasmus+
Learning Agreement form
Name: _____
Academic Year 20__/20__

After the Mobility

<i>Table D - Traineeship Certificate by the Receiving Organisation</i>
Name of the trainee:
Name of the Receiving Organisation:
Sector of the Receiving Organisation:
Address of the Receiving Organisation [street, city, country, e-mail address], website:
Start date and end date of the complete traineeship (incl. virtual component, if applicable): from [day/month/year] to [day/month/year] Start date and end date of physical component: from [day/month/year] to [day/month/year]
Traineeship title:
Detailed programme of the traineeship period including tasks carried out by the trainee (including the virtual component, if applicable):
Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes):
Evaluation of the trainee:
Date:
Name and signature of the Supervisor at the Receiving Organisation: