|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic Year: \_\_\_\_\_\_/\_\_\_\_\_\_\_** | | | | | | | |
| **Trainee** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality** | **Sex [M/F]** | **Study cycle** | **Field of education** |
|  |  |  |  |  |  |  |
| **Sending Institution** | **Name** | **Faculty/ Department** | **Erasmus code** (if applicable) | **Address** | **Country** | **Contact person name; email; phone** | |
| Luca Gallo | International Relations Office | I VARESE02 | Via Ravasi, 2 21100 Varese | ITALY | [erasmus@uninsubria.it](mailto:erasmus@uninsubria.it) +390332219340/341 | |
| **Receiving** **Organisation/Enterprise** | **Name** | **Department** | **Address; website** | **Country** | **Size** | **Contact person name; position; e-mail; phone** | **Mentor name; position;**  **e-mail; phone** |
|  |  |  |  | < 250 employees  > 250 employees |  |  |



**Learning Agreement**

**Student Mobility for Traineeships**

**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 institution) | |
| **Planned period of the mobility: from** [month/year] **……………. till** [month/year] **…………….** | |
| **Traineeship title: …** | **Number of working hours per week: …** |
| **Detailed programme of the traineeship period:** | |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)**: | |
| **Monitoring plan:** | |
| **Evaluation plan:** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee |  |  | *Trainee* |  |  |
| Responsible person at the Sending Institution |  |  |  |  |  |
| Supervisor at the Receiving Organisation |  |  |  |  |  |