|  |  |  |
| --- | --- | --- |
| **Trainee** | **Last name(s)** | **First name(s)** |
|  |  |
| **Sending Institution** | **Name of Faculty Coordinator; e-mail** | **Name of Insitutional Coordinator, e-mail** |
|  | Ms. Karen Denecke, [karen.denecke@zvw.uni.goettingen.de](mailto:karen.denecke@zvw.uni.goettingen.de) |
| **Receiving** **Organisation/ Enterprise** | **Name of Receiving Organisation** | **Contact person name; position; e-mail; phone** |
|  |  |  |

**During the Mobility**

**Learning Agreement**

**Student Mobility for Traineeships**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise*** | | | | | |
| **Planned period of the mobility: from [day/month/year] ……………. till [day/month/year] …………….**  **If applicable, planned period(s) of the virtual mobility: from [day/month/year] ……………. to [day/month/year] …………….** | | | | | | |
| **Traineeship title: “Working E+xperience”** | | | | **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** | **Position** | | **Date** | **Signature** | |
| Trainee | |  | *Trainee* | |  |  | |
| Responsible personat the Sending Institution | |  | *Faculty Coordinator* | |  |  | |
| Responsible personat the Sending Institution | | Karen Denecke | *Institutional Coordinator* | |  |  | |
| Supervisor at the Receiving Organisation | |  |  | |  |  | |