|  |  |  |
| --- | --- | --- |
| **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  |
| **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 |   |  |   |  |