

Student Mobility for Traineeships
Traineeship Certificate by Receiving
Organisation/Enterprise

Higher Education:
Learning Agreement form
Academic Year 2018/2019

Name of the Trainee

Name of the Trainee

Name of the
Receiving Organisation

Sector of the
Receiving Organisation

Address of the
Receiving Organisation
(street, city, country, phone, email address,
website):

Dates of the traineeship: from (dd/mm/yy)

till (dd/mm/yy)

Traineeship title

Detailed programme of the traineeship
period including tasks carried out by the
trainee:

Knowledge, skills and competences
acquired (achieved Learning Outcomes):

Evaluation of the trainee:

Date

Name of the Supervisor

Signature of the Supervisor at the
Receiving Organisation:

Stamp of Receiving Organisation