

Learning Agreement

Student Mobility for Traineeships

Higher Education: Univpm
Learning Agreement form



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, phone, e-mail address], website:	
Mobility period: from [day/month/year] to ⁽¹⁾ [day/month/year]	
Total working hours:	
Traineeship title:	
Detailed programme of the traineeship period including tasks carried out by the trainee:	
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):	
Evaluation of the trainee: sufficient <input type="checkbox"/> good <input type="checkbox"/> very good <input type="checkbox"/> excellent <input type="checkbox"/>	
Date ⁽¹⁾ : (1) Note: this date can't be previous to the end of the stay	
Signature of the Supervisor at the Receiving Organisation:	Stamp: