



Higher Education Learning Agreement for Traineeships

Student's name
Academic Year 20.../20...

After the Mobility

<i>Table D - Traineeship Certificate by the Receiving Organisation/Enterprise</i>
Name of the trainee:
Name of the Receiving Organisation/Enterprise:
Sector of the Receiving Organisation/Enterprise:
Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:
Start date and end date of traineeship: from [day/month/year] to [day/month/year]
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:
Date:
Name and signature of the Supervisor at the Receiving Organisation/Enterprise: