

During the Mobility

To be filled in by the Receiving Institution (Please do only fill the fields where changes have occurred)

<p>Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)</p> <p style="text-align: center;">Planned period of the mobility:</p> <p>From (initial start date) _____ [day/month/year] till (new end date) _____ [day/month/year]</p>	
Traineeship title:	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:	

To be filled in by the Trainee (please as appropriate)

<input type="checkbox"/> I hereby agree to be funded for the new extended traineeship period and I am aware that the initial Grant Agreement hereby loses its validity.
<input type="checkbox"/> I hereby agree to be funded for the new reduced traineeship period and I am aware that the initial Grant Agreement hereby loses its validity.

To be filled in by the Trainee, the Sending Institution and the Receiving Institution

<p>By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).</p>			
Commitment	Name	Date	Signature
Trainee			
Responsible person at the Sending Institution			
Supervisor at the Receiving Organisation			