

**Part II: During the Mobility**

**Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise**  
(to be approved by signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

Name of the trainee:
Planned period of the <b>physical</b> mobility: from _____ (month/year) to _____ (month/year)
if applicable, planned period(s) of the virtual mobility: from _____ (month/year) to _____ (month/year)
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:
Evaluating plan:

Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person <sup>1</sup> at the Sending Institution					
Supervisor <sup>2</sup> at the Receiving Organisation					

- <sup>1</sup> **Responsible person at the sending institution:** this person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.
- <sup>2</sup> **Supervisor at the Receiving Organisation:** this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.