**Student’s Name : ……………………………………………………..**

**During the Mobility**

|  |  |
| --- | --- |
|  | ***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) |
| **Planned period of the mobility: from [month/year] ……………. till [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:** |
| **Evaluation plan:** |
|  |

**CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| **New responsible person in the sending institution:****Name: Function:** **Phone number: E-mail:**  |

|  |
| --- |
| **New responsible person in the receiving organisation/enterprise:** **Name: Function:** **Phone number: E-mail:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMITMENT** | **NAME AND SURNAME** | **DATE** | **SIGNATURE** |
| **Trainee** |  |  |  |
| **Responsible person at the Sending Institution** |  |  |  |
| **Supervisor at the receiving organisation** |  |  |  |