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

**During the Mobility**

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| --- | --- | --- |
|  | ***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] …………….** | | |
| **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:** |

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