



Higher Education Learning Agreement for Traineeships

Student's name
Academic Year 2015/2016

Traineeship Certificate (After the Mobility)

Traineeship Certificate by the Receiving Organisation/Enterprise

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, stamp and signature of the Supervisor at the Receiving Organisation/Enterprise: