

After the Mobility

Table D - 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: Credits obtained or hours permofed:
Date:
Name and signature of the Supervisor at the Receiving Organisation/Enterprise:

Credits recognized at the sending institution:

Date:

Name and signature of the UDI at the Sending Institution (UNICT):