



Higher Education:
Erasmus+
Learning Agreement form
Student's name
Academic Year 20.../20...

## **After the Mobility**

Name of the Receiving Organisation/Enterprise:  Sector of the Receiving Organisation/Enterprise    Address of the Receiving Organisation/Enterprise    Start date and end date of the complete traineeship (incl. virtual component, if applicable): from [day/month/year]
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 the complete traineeship (incl. virtual component, if applicable): from [day/month/year]
Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:  Start date and end date of the complete traineeship (incl. virtual component, if applicable): from [day/month/year]
Start date and end date of the complete traineeship (incl. virtual component, if applicable): from [day/month/year]
Start date and end date of physical component: from [day/month/year] to [day/month/year]  Traineeship title:  Detailed programme of the traineeship period including tasks carried out by the trainee (including the virtual component, if applicable):
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Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes):
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Evaluation of the trainee:
Date:
Name and signature of the Supervisor at the Receiving Organisation/Enterprise: