



Changes to Learning Agreement For Traineeships

GENERAL INFORMATION

Applicant	Last name(s)			
	First name(s)		Sex	Male ☐ Female ☐
	Date of birth		Nationality	
	Study Cycle ¹		Field of education ²	

Sending Institution	Universitat Politècnica de Catalunya (UPC)		Erasmus code	EBARCELO03
	Faculty/ Department			
	Address		Country	
	Contact person name			
	Position			
	Phone		e-mail:	

Receiving Organization/ Enterprise	Name of host institution			
	Address			
	City		Country	
	website			
	Size of organisation/enterprise	<250 employees ☐ >250 employees ☐		
	Department			
	Contact person name ³			
	Position			
	Phone		e-mail:	

¹ **Study cycle:** Short cycle (EQF level 5) / Bachelor or equivalent first cycle (EQF level 6) / Master or equivalent second cycle (EQF level 7) / Doctorate or equivalent third cycle (EQF level 8).

² **Field of education:** The ISCED-F 2013 search tool available at http://ec.europa.eu/education/tools/isced-f_en.htm should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the student by the Sending Institution.

³ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.



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	Mentor name ⁴			
	Position			
	Phone		e-mail:	

⁴ **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.



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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 Institution/Enterprise)

Planned period of the mobility	From:	to:	Number of working hours per week	
	(month/year)	(month/year)		
Traineeship programme				
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)				
Monitoring plan (brief description)				
Evaluation plan (brief description)				



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Commitment

By signing this document, the applicant, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The applicant and Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period. The Sending Institution and the applicant should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

Applicant	Name		signature
	e-mail		
	Position	Applicant	
	Date		
Responsible person ⁵ at the Sending Institution	Name		signature
	e-mail		
	Position		
	Date		
Thesis Director (in case Pdh level)	Name		signature
	e-mail		
	Position		
	Date		
Doctoral program coordinator (in case Pdh level)	Name		Signature
	e-mail		
	Position		
	Date		
Supervisor ⁶ at the receiving organisation /enterprise	Name		
	e-mail		
	Position		

Signature

⁵ **Responsible person at the Sending Institution:** this person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

⁶ **Supervisor at the Receiving Organisation:** this person is responsible for signing the Learning Agreement, amending it if needed, supervising the applicant during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.



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	Date		
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