 

**IkaslePraktikak 2021 - 2022**

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 [day/month/year] ……………. till [day/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:** | |

Date:

Signature of trainee:

Date:

Signature of instructor at the Receiving Institution:

Stamp:

Date:

Signature of Practice Responsible

person of Faculty at the Basque Country University:

Stamp: