**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 Organisation/Enterprise)** |
| **Planned period of the mobility: from [month/year] ……………. till [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:** |