**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 [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:** | | |