

Section to be completed DURING THE MOBILITY

EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from / / 20..... until / / 20.....

Number of working hours per week:
Traineeship title:
Detailed programme of the traineeship period...
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship ...
Monitoring plan ...
Evaluation plan ...
Others ...

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

L'étudiant NOM PRENOM	
Signature	Date:
L'établissement d'accueil	
Signature de la personne responsable	Date:
L'établissement d'envoi	
Signature du responsable de diplôme	Date:
Signature du coordinateur Erasmus	Date:
Signature du Bureau Europe	Date:

II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:**New responsible person in the sending institution:**

Name: _____ Function: _____
Phone number: _____ E-mail: _____

New responsible person in the receiving organisation/enterprise:

Name: _____ Function: _____
Phone number: _____ E-mail: _____

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the mobility programme are approved.

L'étudiant NOM PRENOM

Signature _____ Date: _____

L'établissement d'accueil

Signature de la personne responsable _____ Date: _____

L'établissement d'envoi

Signature du responsable de diplôme _____ Date: _____

Signature du coordinateur Erasmus _____ Date: _____

Signature du Bureau Europe _____ Date: _____