LEARNING AGREEMENT BANDO EXTRA UE N. 2

The Student

Last name (s)		First name (s)	
Date of birth		Nationality[1]	
Sex [*M/F*]		Academic year	20../20..
Study cycle[2]		Subject area, Code[3]	
Phone		E-mail	

The Sending Institution

Name		Faculty	
Erasmus code (if applicable)	**I BENEVEN 02**	Department	
Address		Country,	**ITALY**
Contact person name	**INTERNATIONAL OFFICE**	Contact person E-mail / phone	**erasmus@unisannio.it** **0039 0824 305453**

The Receiving Organisation/Enterprise

Name Sector[4]		Department	
Address, website		Country	
Size of enterprise[5]			
Contact person[6] name / position		Contact person e-mail / phone	
Mentor[7] name / position		Mentor e-mail / phone	

I.   PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] ……….. till [month/year] …………

Number of working hours per week: …

Thesis title: …

Detailed programme of the traineeship period…

Knowledge, skills and competences to be acquired by the trainee at the end of thesis activity …

Monitoring plan …

Evaluation plan …

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The student Trainee's signature   Date:
The sending institution Responsible person's signature   Date:
The receiving organisation/enterprise Responsible person's signature   Date:

THESIS ACTIVITY CERTIFICATE

Name

Name of the receiving organisation/enterprise:

Sector of the receiving organisation/enterprise:

Address of the receiving organisation/enterprise *[street, city, country, phone, e-mail address]***, website:**

Start and end of the thesis activity: from *[day/month/year]* ……………. till *[day/month/year]* …………….

Traineeship title:

Detailed programme of the thesis activity period including tasks carried out by the trainee:

Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):

Evaluation of the trainee:

THE RESPONSIBLE OF THE HOST INSTITUTION