**Mobility Agreement**

**Student Mobility for Traineeships/Research**

**After the Mobility**[applicable only in case of traineeship]

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| ***Table D – Traineeship Certificate by the Receiving Institution/Organisation*** |
| **Name of the student:** |
| **Name of the Receiving Institution/Organisation:** |
| **Sector of the Receiving Institution/Organisation:** |
| **Address of the Receiving Institution/Organisation** [street, city, country, e-mail address]**, website:** |
| **Start date and end date of the complete mobility: from [day/month/year] …………………. to [day/month/year] ……………….** |
| **Traineeship title:** |
| **Detailed programme of the mobility period including tasks carried out by the student:** |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes):** |
| **Evaluation of the student:** |
| **Date:** |
| **Name and signature of the responsible person at the Receiving Institution/Organisation:** |