

Student's name:
Section to be completed DURING THE MOBILITY
EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT and EXTENSION
I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME and/or EXTENSION

Planned period of the mobility: from [month/year] till [month/year]
Number of working hours per week: (Erasmus guideline: full time equivalent/ 30 hours per week minimum requirement)
Traineeship title: <input type="checkbox"/> no changes <input type="checkbox"/> ...
Detailed programme of the traineeship period <input type="checkbox"/> no changes <input type="checkbox"/>
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship <input type="checkbox"/> no changes, continuing work <input type="checkbox"/> ...
Monitoring plan <input type="checkbox"/> no changes <input type="checkbox"/>
Evaluation plan <input type="checkbox"/> no changes <input type="checkbox"/>

<p><input type="checkbox"/> The traineeship is <u>embedded in the curriculum</u> and upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> • Award ECTS credits. • Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/> • Record the traineeship in the trainee's Transcript of Records. Yes x No <input type="checkbox"/> • Record the traineeship in the trainee's Diploma Supplement (or equivalent). Yes x No <input type="checkbox"/> • Record the traineeship in the trainee's Europass Mobility Document Yes <input type="checkbox"/> No X <p><input type="checkbox"/> The traineeship is <u>voluntary</u> and upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> • Award ECTS credits: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the number of ECTS credits: • Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
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Student's name:

- Record the traineeship in the trainee's Transcript of Records Yes **No X**
- Record the traineeship in the trainee's Diploma Supplement (or equivalent), **except** if the trainee is a recent graduate.
Yes X No
- **Recent graduated**
- Record the traineeship in the trainee's **Europass Mobility Document** Yes **No X**
*This is recommended if the trainee will be a **recent graduate**.*

The Receiving Institution/Organisation/Enterprise**The receiving organisation/enterprise**

The trainee will receive a financial support for his/her traineeship: Yes No

If yes, amount in **EUR/month**:

The trainee will receive a contribution in kind for his/her traineeship: Yes No

If yes, please specify: ...

Is the trainee covered by the accident insurance*? Yes No

If yes: The accident insurance covers:

- accidents during travels made for work purposes: **Yes** **No**
- accidents on the way to work and back from work: **Yes** **No**

If not, the trainee is not covered by an accident insurance provided by the sending institution!

Is the trainee covered by a liability insurance? Yes No

The **receiving** organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.

Upon completion of the traineeship, the organisation/enterprise undertakes to issue a **Traineeship Certificate** by maximum 5 weeks after the traineeship.

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

The trainee

Trainee's signature: Date:

Student's name:

Responsible personsⁱ and responsible persons' signatures in the sending institution – University of Art and Design Linz:

Name: **Univ.Prof. Dipl.des Frank Louis**
Function: **Vice Rector for Teaching**

Signature: Date:

Erasmus Coordinator's Name:

Name: Sarah Rößler
Phone number: ++43 (732) 7898 2273
E-mail: international.office@ufg.at

Signature: Date:

Stamp:

Responsible personⁱⁱ in the receiving organisation/enterprise (supervisor):

Name: Function:

Phone number: E-mail:

Signature:

Date: Stamp:

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: