

LEARNING AGREEMENT FOR VIRTUAL INTERNSHIP

The Student

Last name (s)		First name (s)	
Date of birth		Academic year	20../20..
Sex [M/F]		Study program	
E-mail		Study cycle	
Phone		Subject area	

The sending institution - Higher Education Institution

Name		Faculty/Department	
Erasmus code (if applicable)		Mentor name	
Address		Mentor e-mail	
Legal representative		Mentor phone	

The Receiving Organization/Enterprise

Name		Department	
Address, website		Supervisor name / position	
Size of enterprise ⁶		Supervisor e-mail	
Legal representative name / position		Supervisor phone	
Sector		Country	

Section to be completed BEFORE THE VIRTUAL INTERNSHIP

I. PROPOSED VIRTUAL INTERNSHIP PROGRAMME

Planned period of the virtual internship: from [month/year] till [month/year]
Number of working hours per week: ...
virtual internship title: ...
Detailed programme of the virtual internship period...
Knowledge, skills and competences to be acquired by the student at the end of the virtual internship ...
Monitoring plan ...
Evaluation plan ...

Language competence of the student

The level of language competence⁹ in.....[workplace main language] that the student already has or agrees to acquire by the start of the mobility period is:

A1 A2 B1 B2 C1 C2

The sending institution

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to internships.

[Please fill in only one of the following boxes depending on whether the internship is embedded in the curriculum or is a voluntary internship.]

The internship is embedded in the curriculum and upon satisfactory completion of the internship, the institution undertakes to:

- AwardECTS credits.
- Give a grade based on: Internship certificate Final report Interview
- Record the internship in the student's Transcript of Records.
- Record the internship in the student's Diploma Supplement (or equivalent).
- Record the internship in the student's Europass Mobility Document Yes No

The internship is voluntary and upon satisfactory completion of the internship, the institution undertakes to:

- Award ECTS credits: Yes No
If yes, please indicate the number of ECTS credits:
- Give a grade: Yes No
If yes, please indicate if this will be based on: Internship certificate Final report Interview

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

The receiving organisation/enterprise

The student will receive a financial support for his/her internship: Yes No

If yes, amount in EUR/month:

The student will receive a contribution in kind for his/her internship: Yes No

If yes, please specify:

Is the student covered by the accident insurance? Yes No

If not, please specify whether the student is covered by an accident insurance provided by the sending institution: Yes No

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

Is the student covered by a liability insurance? Yes No

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

Upon completion of the internship, the organisation/enterprise undertakes to issue a Internship Certificate by [*maximum 5 weeks after the internship*].

II. RESPONSIBLE PERSONS

Responsible person¹⁰ in the sending institution:

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

Responsible person¹¹ in the receiving organisation/enterprise (supervisor):

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

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The student and receiving organisation/enterprise will communicate to the sending institution any problem or changes regarding the internship period.

The student

Student's signature _____ Date: _____

The sending institution

Responsible person's signature _____ Date: _____

The receiving organisation/enterprise

Responsible person's signature _____ Date: _____

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 [month/year] till [month/year]
Number of working hours per week: ...
Internship title: ...
Detailed programme of the internship period...
Knowledge, skills and competences to be acquired by the student at the end of the internship ...
Monitoring plan ...
Evaluation plan ...

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

Approval by e-mail or signature from the student, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.

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:

