LEARNING AGREEMENT

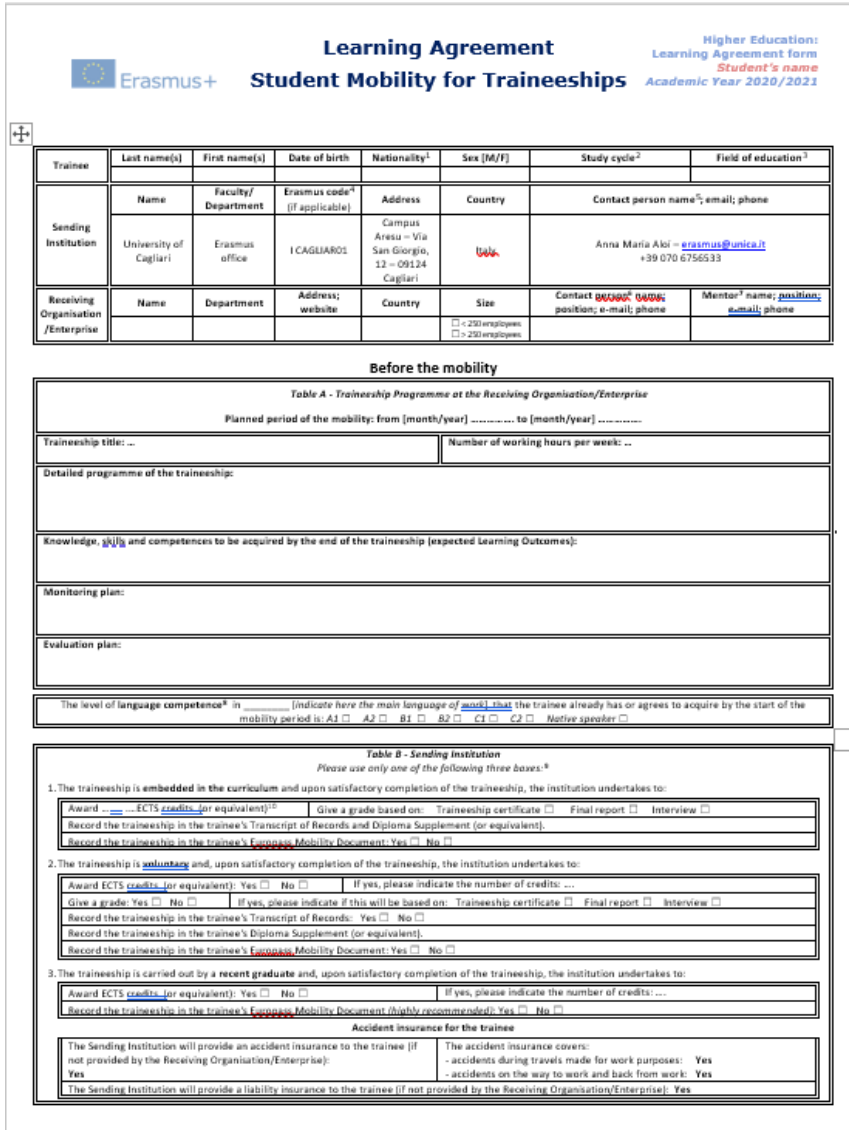
ERASMUS TRAINEESHIP

ASSEGNATARI BORSA ERASMUS TRAINEESHIP

Università degli Studi di Cagliari

a.a. 2025/2026

LEARNING AGREEMENT



Learning Agreement
Student Mobility for Traineeships

Erasmus+

Higher Education:
Learning Agreement form
Student's name
Academic Year 2020/2021

Trainee	Last name(s)	First name(s)	Date of birth	Nationality[1]	Sex [M/F]	Study cycle[2]	Field of education[3]
Sending Institution	Name	Faculty/ Department	Erasmus code[4] (if applicable)	Address	Country	Contact person name[5]; email; phone	
	University of Cagliari	Erasmus office	I CAGLIAR01	Campus Aresu – Via San Giorgio, 12 – 09124 Cagliari	Italy	Anna Maria Aloi – erasmus@unica.it +39 070 6756533	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person[6] name; position; e-mail; phone	Mentor[7] name; position; e-mail; phone
					☐ < 250 employees ☐ > 250 employees		

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

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

Traineeship title: …	**Number of working hours per week: …**
Detailed programme of the traineeship:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

The level of **language competence**[8] in _____ *[indicate here the main language of work] that* the trainee already has or agrees to acquire by the start of the mobility period is: *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐

Table B - Sending Institution

Please use only one of the following three boxes:[9]

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award …… ECTS credits (or equivalent)[10]	Give a grade based on: Traineeship certificate ☐ Final report ☐ Interview ☐
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes ☐ No ☐	

2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes ☐ No ☐	If yes, please indicate the number of credits: …
Give a grade: Yes ☐ No ☐	If yes, please indicate if this will be based on: Traineeship certificate ☐ Final report ☐ Interview ☐
Record the traineeship in the trainee's Transcript of Records: Yes ☐ No ☐	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes ☐ No ☐	

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes ☐ No ☐	If yes, please indicate the number of credits: …
Record the traineeship in the trainee's Europass Mobility Document *(highly recommended)*: Yes ☐ No ☐	

Accident insurance for the trainee

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): **Yes**	The accident insurance covers: - accidents during travels made for work purposes: **Yes** - accidents on the way to work and back from work: **Yes**
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): **Yes**	

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LEARNING AGREEMENT

Esempio di compilazione: le parti in giallo devono essere compilate dallo studente

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Learning Agreement
Student Mobility for Traineeships

Higher Education:
Learning Agreement form
Mario Rossi
Academic Year 2020/2021

Trainee	**Last name(s)**	**First name(s)**	**Date of birth**	**Nationality[1]**	**Sex [M/F]**	**Study cycle[2]**	**Field of education[3]**
	Rossi	Mario	01/01/2000	ITALIAN	M	VEDI NOTA	VEDI NOTA
Sending Institution	**Name**	**Faculty/ Department**	**Erasmus code[4]** (if applicable)	**Address**	**Country**	**Contact person name[5]; email; phone**	
	University of Cagliari	Erasmus office	I CAGLIAR01	Campus Aresu – Via San Giorgio, 12 – 09124 Cagliari	Italy	Anna Maria Aloi – erasmus@unica.it +39 070 6756533	
Receiving Organisation /Enterprise	**Name**	**Department**	**Address; website**	**Country**	**Size**	**Contact person[6] name; position; e-mail; phone**	**Mentor[7] name; position; e-mail; phone**
	Nome azienda		Sito web o indirizzo	POLAND	☐ < 250 employees ☐ > 250 employees	Mr. x	Mr. y

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Esempio di compilazione: le parti in giallo devono essere compilate dallo studente, le parti in verde dall'ente ospitante

La compilazione di questa riga è riservata alle mobilità di breve durata, che prevedono una parte virtuale obbligatoria

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation

Planned period of the physical component: from [day (optional)/month/year] 10/25 to [day (optional)/month/year] 12/25

If applicable, planned period of the virtual component: from [day (optional)/month/year] ..... to day (optional)/month/year] .....

Traineeship title: "Effect on Mobilities"	Number of working hours per week: min 25/ max 40

Detailed programme of the traineeship (including the virtual component, if applicable):

....

Traineeship in digital skills[10]: Yes ☐ No ☐

Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes):

....

Monitoring plan:

....

Evaluation plan:

....

The level of **language competence**[11] in _____ [*indicate here the main language of work*] that the trainee already has or agrees to acquire by the start of the mobility period is: *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐

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Esempio di compilazione: le parti in giallo devono essere compilate dallo studente

Se si tratta di tirocinio curriculare o di tesi, inserire i CFU indicati nel piano di studi

Se si tratta di tirocinio extra (non previsto nel piano di studi), inserire i CFU/ECTS in base al calcolo: 25 ore = 1 CFU. Indicare i CFU anche se sovrannumerari!

Se si tratta di tirocinio post laurea, gli ECTS non possono essere riconosciuti

Selezionare «yes» in tutti i campi di questa sezione

Table B - Sending Institution

Please use only one of the following three boxes:[9]

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent)[10]	Give a grade based on: Traineeship certificate X Final report ☐ Interview ☐
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes X No ☐	

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

Award ECTS credits (or equivalent): Yes X No ☐	If yes, please indicate the number of credits: 25h = 1 CFU
Give a grade: Yes X No ☐	If yes, please indicate if this will be based on: Traineeship certificate X Final report ☐ Interview ☐
Record the traineeship in the trainee's Transcript of Records: Yes X No ☐	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes X No ☐	

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes ☐ No X	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document *(highly recommended)*: Yes X No ☐	

Accident insurance for the trainee

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): **Yes**	The accident insurance covers: - accidents during travels made for work purposes: **Yes** - accidents on the way to work and back from work: **Yes**
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): **Yes**	

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Esempio di compilazione: tutta la sezione «table C» deve essere compilata dall'ente ospitante

Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes ☐ No ☐	If yes, amount (EUR/month): .....
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes ☐ No ☐ If yes, please specify:	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not 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 ☐
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes ☐ No ☐	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.	

LEARNING AGREEMENT

Esempio di compilazione: le parti in giallo devono essere compilate dallo studente, le parti in verde dall'ente ospitante e quelle in rosso dal prof. referente per la mobilità

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

Commitment	Name	Email	Position	Date	Signature
Trainee	studente	....	*Trainee*	....	.....
Responsible person[11] at the Sending Institution	Referente Erasmus/docente Tesi	.....	Academic Coordinator	.....	.....
Supervisor[12] at the Receiving Organisation	Mr. y	.....	....	.....	.....

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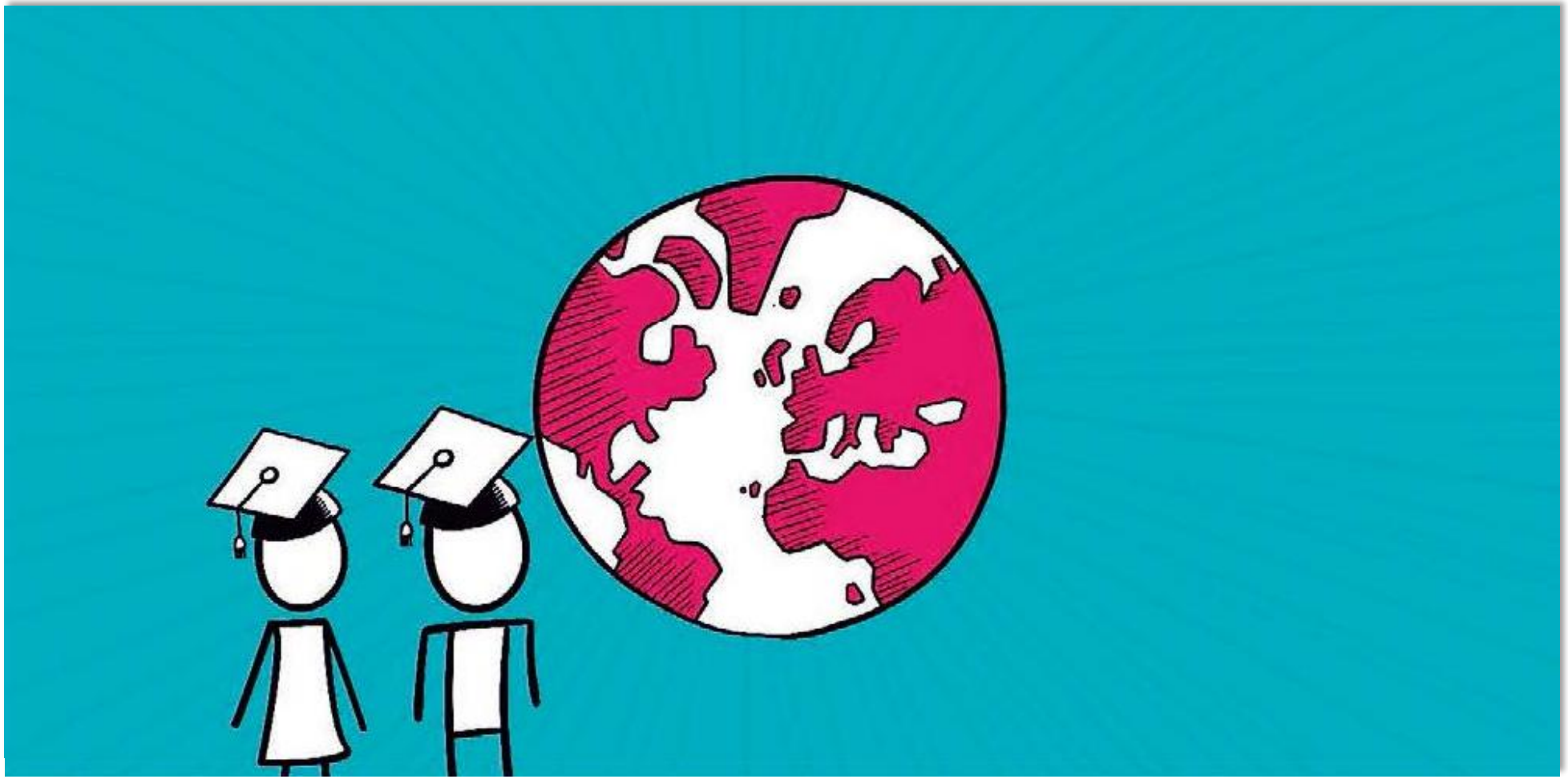
ENJOY YOUR ERASMUS !



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