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Università degli Studi di Sassari

**TRAINING AGREEMENT**

**RIAPERTURA ULISSE 2020/21**

**I. DETAILS OF THE STUDENT**

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| **Name of the student**:  **Academic year :**  **Department :**  **Sending institution:** University of Sassari |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

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| **Host organisation**:  **Country:**  **City:** |

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| Planned dates of start and end of the placement period: from ……. till ....... , that is …….. months |

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| - Knowledge, skills and competence to be acquired:  - Detailed programme of the training period:  - Tasks of the trainee:  - Monitoring and evaluation plan: |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document the student, the sending institution and the host organisation confirm that they will abide by the principles of the Quality Commitment for Erasmus student placements set out in the document below.

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| **The student**  Student’s signature  ........................................................................... Date: |

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| **The sending institution**  We confirm that this proposed training programme agreement is approved.  The placement is part of the curricula Yes/No (\*).  On satisfactory completion of the training programme the institution will:  - award ECTS credits Yes/No (\*) If yes: number of ECTS credits: | |
| Academic supervisor (name and email):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Departmental Coordinator (name and email):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:……………………………………….  Date:……………………………………………. | Signature:………………………………………  Date: ................................................................... |

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| **The host organisation**  The student will receive a financial support for his/her placement Yes **□** No **□**  The student will receive a contribution in kind for his/her placement Yes **□** No **□**  We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a Certificate to the student | |
| Coordinator’s name and function  ...................................................................  Coordinator’s signature  .............................................................................. | Date: ................................................................... |