**YILDIZ TEKNİK ÜNİVERSİTESİ
YILDIZ TECHNICAL UNIVERSITY**


#### **EXCEPTIONAL MAJOR CHANGES TO THE ORIGINAL LEARNING AGREEMENT FOR TRAINEESHIP (Incoming Students)**

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| **Tick the changes**  | **Fill out the new information for the necessary changes** |
|  **🞏** | **Planned period of the mobility**: from [month/year] ….……. till [month/year] ………… |
|  **🞏** | **Number of working hours per week:** … |
|  **🞏** | **Traineeship title:** … |
|  **🞏** | **Detailed programme of the traineeship period**… |
|  **🞏** | **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship…**  |
|  **🞏** | **Monitoring plan** … |
|  **🞏** | **Evaluation plan**  … |
|  **🞏** | **New responsible person in the sending institution:****Name:** **Function**:**Phone number:** **E-mail:** |
|  **🞏** | **New responsible person in the receiving institution:****Name:** **Function**:**Phone number:** **E-mail:** |

The trainee, 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 trainee, the responsible person in the sending institution and the responsible person in the receiving organisation/enterprise.

**COMMITMENT OF THE THREE PARTIES**

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve **the changes of 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.

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| **Name-Surname of the trainee:Signature:Date:** |

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| **The sending institution:**  |
| **Name: Function: Signature: Date:**  |
| **Name: Function: Signature: Date:** |
| **Name: Function: Signature: Date:****Stamp:** |

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| **The receiving organisation/enterprise:** YILDIZ TECHNICAL UNIVERSITY |
| **Name: Function:** Mentor**Signature: Date:** |
| **Name: Function:** Departmental Coordinator**Signature: Date:** |
| **Name:** Prof. Dr. Bayram Ali ERSOY **Function:** Institutional Coordinator**Signature: Date:****Stamp:** |