

**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:** |