



TRANSCRIPT OF WORK

ERASMUS PROGRAMME

STUDENT MOBILITY – PLACEMENT

I. DETAILS OF THE STUDENT

Name of the student:

Date of birth: Place of birth:

Subject area: Academic year:

Home institution:

Erasmus Code:

II. DETAILS OF THE TRAINING PROGRAMME ABSOLVED

Host organisation:

Supervisor:

Start and end dates for the placement period:
 from till , that is months, that is hours

Tasks and Content:

- Knowledge, skills and competencies acquired:
- Detailed programme of the training period:
- Tasks of the trainee:
- Detailed evaluation:

The host organisation

We confirm that the originally proposed training programme has been fully completed.

Coordinator's name and function .

Date:

Coordinator's signature:

