

Student's name-surname:
Academic Year: 20.. /20..

Higher Education:
Learning Agreement Form



YILDIZ TEKNİK ÜNİVERSİTESİ
YILDIZ TECHNICAL UNIVERSITY



Learning Agreement Student Mobility for Traineeships

| 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 | |
| Receiving Organisation /Enterprise | Name | Department | Address; website | Country | Size | Contact person ⁶ name; position; e-mail; phone | Mentor ⁷ name; position; e-mail; phone |
| | | | | | <input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees | | |

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Planned period of the mobility: from [day/month/year] to [month/year] | |
| Traineeship title: ... | Number of working hours per week: ... (min.25 hrs, max. 48 hrs) |
| Detailed programme of the traineeship (weekly or daily): | |
| <i>The detailed programme of the traineeship period should include the tasks/deliverables to be carried out by the trainee, with their associated timing.</i> | |
| Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): | |
| <i>The Traineeship Programme should indicate which knowledge, intellectual and practical skills and competences (Learning Outcomes) will be acquired by the end of the traineeship, e.g. academic, analytical, communication, decision-making, ICT, innovative and creative, strategic-organisational, and foreign language skills, teamwork, initiative, adaptability, etc.</i> | |
| Monitoring plan: | |
| <i>The monitoring plan should describe how and when the trainee will be monitored during the traineeship by the Receiving Organisation/Enterprise, the Sending Institution, and, if applicable, a third party.</i> | |
| Evaluation plan: | |
| <i>The evaluation plan should describe the assessment criteria that will be used to evaluate the traineeship and the learning outcomes.</i> | |
| 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 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/> | |

Açıklama [ab1]: Lisans/Bachelor : 1st cycle, Yüksek lisans/Master : 2nd cycle, Doktora/Doctorate : 3rd cycle

Açıklama [ab2]: eu.yildiz.edu.tr >
[ISCED](#)

Açıklama [ab5]: Mr. Batuhan AGIRMAN
Phone: +90 212 383 5654
E-mail: erasmus-staj@yildiz.edu.tr

Açıklama [ab4]: Yıldız Teknik Üniversitesi, Uluslararası İlişkiler Koordinatörlüğü, Erasmus+ Program Birimi, Taş Bina, A-1003, 34220 Esenler/İstanbul TURKEY

Açıklama [ab3]: TR ISTANBU07

Açıklama [ab6]: Bu alan stajınızı yapacağınız kurum bilgilerinizi içermelidir. Bilgileri isteyip siz de doldurabilirsiniz veya belgeyi direkt karşı kuruma gönderip doldurmalarını isteyebilirsiniz. This has to include the information regarding the institution that you will carry out your traineeship. You can either ask for the information and fill out the form, or send the form directly and ask them to fill out it.

Açıklama [ab7]: Bu alan stajınızın detaylarını içermelidir. Bilgileri isteyip siz de doldurabilirsiniz veya belgeyi direkt karşı kuruma gönderip doldurmalarını isteyebilirsiniz. This has to include the details of your traineeship. You can either ask for the information and fill out the form, or send the form directly and ask them to fill out it.

Açıklama [ab8]: Stajyerin görevleri ve bunları hangi zaman diliminde yapacağı açıklanmalıdır. Çalışma programınız haftalık olarak (Week 1 Week 2 şeklinde) yazılmalıdır. The detailed programme of the traineeship period should include the

Açıklama [ab9]: Stajyerin hangi bilgi, entelektüel ve Pratik becerileri, yeterlilikleri edineceği açıklanmalıdır. (Örn. Akademik, analitik, iletişim, karar verme)

Açıklama [ab10]: Stajyerin karşı kurum tarafından nasıl ve ne zaman izleneceği açıklanmalıdır.

Açıklama [ab11]: Stajyerin stajını değerlendirmede kullanılacak olan değerlendirme kriterleri açıklanmalıdır.

Açıklama [ab12]: Stajyerin stajını hangi dilde yürüteceği ve bu dilde gereken yeterliliği belirtilmelidir.

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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 <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |

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

| | |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please indicate the number of credits: |
| Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/> |
| Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Record the traineeship in the trainee's Diploma Supplement (or equivalent). | |
| Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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 <input type="checkbox"/> No <input type="checkbox"/> | If yes, please indicate the number of credits: |
| Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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 <input type="checkbox"/> No <input type="checkbox"/> | The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Table C - Receiving Organisation/Enterprise

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, amount (EUR/month): |
| The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: | |
| The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/> | The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee. Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship. | |

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).

Açıklama [ab13]: Üç maddeden sadece bir tanesi seçilmeli ve doldurulmalıdır.
1. Erasmus stajınız academic programınızda zorunlu staj yerine sayılacak ise
2. Erasmus stajını gönüllü (Ekstra) olarak yapıyorsunuz
3. Erasmus stajınızı gerçekleştireceğiniz zamanda mezun durumunda iseniz

Choose only one of the three options and fill out it.

- 1.If Erasmus traineeship will be recognised as your mandatory traineeship of your academic program
2. If it is voluntary (extra)
- 3.If you will be a graduate during the time that you will carry out it

Açıklama [ab14]: Zorunlu stajınızın ECTS değerini yazın/Write the ECSTS value of your mandatory traineeship Check it on <http://bologna.yildiz.edu.tr/>

Açıklama [ab15]: Traineeship Certificate

Açıklama [ab16]: No

Açıklama [ab17]: No

Açıklama [ab18]: Yes

Açıklama [ab19]: Traineeship Certificate

Açıklama [ab20]: No

Açıklama [ab21]: No

Açıklama [ab22]: No

Açıklama [ab23]: No

Açıklama [ab24]: No

Açıklama [ab25]: Bilgileri isteyip siz de doldurabilirsiniz veya belgeyi direkt karşı kuruma gönderip doldurularım isteyebilirsiniz.
You can either ask for the information and fill out the form, or send the form directly and ask them to fill out it.

Address: Yıldız Teknik Üniversitesi, Uluslararası İlişkiler Koordinatörlüğü, Erasmus+ Program Birimi,
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| Commitment | Name | Email | Position | Date | Signature |
|-------------------------------------------------------------|------|-------|-----------------------------------------|------|-----------|
| Trainee | | | Trainee | | |
| Responsible person ¹¹ at the Sending Institution | | | Departmental Coordinator | | |
| | | | Institutional Coordinator | | |
| Supervisor ¹² at the Receiving Organisation | | | Mentor | | |
| | | | Departmental/ Institutional Coordinator | | |

Açıklama [ab26]: YTÜ'deki imzalar yazıldığı sıra ile temin edilmelidir. Karşı kurumun YTÜ'den önce veya sonra imza atmış olması önemli değil. The signatures by YTÜ has to be taken in the order they are written. Whether receiving institution signs before or after YTÜ is not important.

Açıklama [ab27]: Find the departmental coordinator from the [list](#) and have the document signed

Açıklama [ab28]: Diğer imzaları tamamladıktan sonra belgeyi Erasmus+ Program Birimine imzalanması için getiriniz. İmza bir kaç gün sürebilir. Bring the document to Erasmus+ Program Unit for signature after you have completed the other signatures. It might take a few days.

Açıklama [ab29]: Karşı kurum YTÜ'den önce veya sonra imzlayabilir. Receiving institution can sign before or after YTÜ.

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During the Mobility

| Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Reason(s) of changes | |
| Date <input type="checkbox"/> | Original Period: From: dd/mm/yyyy To: dd/mm/yyyy Requested Extension/Subtraction Period; From: dd/mm/yyyy To: dd/mm/yyyy |
| People at the sending institution <input type="checkbox"/> | Previous responsible person: |
| People at the receiving institution <input type="checkbox"/> | Present responsible person: |
| Content <input type="checkbox"/> | Detailed programme of the traineeship period: |
| | Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcome) |
| | Monitoring plan: |
| | Evaluation plan: |
| The amendments have been approved by the signatures of the student, sending institution and receiving institution. | |

Açıklama [ab30]: Faaliyete başladıktan sonra, stajınızın içeriğinde, tarihlerinde veya sorumlu kişilerle ilgili değişiklikler olabilir. Bunlar söz konusu olursa bu alan doldurulmalıdır. After you start your traineeship, there might be changes about the content, dates and responsible people. In this context, this table has to be filled out.

| Commitment | Name | Email | Position | Date | Signature |
|-------------------------------------------------------------|------|-------|-----------------------------------------|------|-----------|
| Trainee | | | Trainee | | |
| Responsible person ¹¹ at the Sending Institution | | | Departmental Coordinator | | |
| | | | Institutional Coordinator | | |
| Supervisor ¹² at the Receiving Organisation | | | Mentor | | |
| | | | Departmental/ Institutional Coordinator | | |

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After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---|---|---|---|---|
| Name of the trainee: | Start date of traineeship: [day/month/year] End date of traineeship: [day/month/year] | | | | | |
| Name of the Receiving Organisation/Enterprise: | Sector of the Receiving Organisation/Enterprise: | | | | | |
| Contact information of the Receiving Organisation/Enterprise | | | | | | |
| Address: [street, city, zip code, country] | Phone: E-mail: Website: | | | | | |
| Traineeship title: | | | | | | |
| Detailed programme of the traineeship period including tasks carried out by the trainee: <i>Please describe the detailed programme of the traineeship period including the tasks/deliverables which were carried out by the trainee, with their associated timing.</i> | | | | | | |
| Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes): <i>Please indicate which knowledge, intellectual and practical skills and competences (Learning Outcomes) were acquired by the end of the traineeship, e.g. academic, analytical, communication, decision-making, ICT, innovative and creative, strategic-organisational, and foreign language skills, teamwork, initiative, adaptability, etc.</i> | | | | | | |
| Evaluation of the trainee: <i>Explain the assessment criteria that was used to evaluate the traineeship and the learning outcomes please. Additionally, fill out the below table please.</i> | | | | | | |
| <i>Please tick the boxes according to the explanations below; A: Excellent, B: Very good, C: Good, D: Satisfactory, E: Sufficient, F: Fail</i> | | | | | | |
| Criteria: Explanation | A | B | C | D | E | F |
| Commitment: Motivation in fulfilling commitments and responsibilities | | | | | | |
| Completion of work: Assignments that are completed consistently, with integrity and care | | | | | | |
| Responsible: Ability to manage own behavior without supervision | | | | | | |
| Planning & Meeting Goals: Planning and meeting goals completely on time | | | | | | |
| Prioritize & Time management: Ability to prioritize goals and effective time management skills | | | | | | |
| Uses resources: Ability to gather information to complete tasks without support | | | | | | |
| Participation: Attendance | | | | | | |
| Content knowledge: Enough content knowledge to fulfill the requirements | | | | | | |
| Overall performance and any comments: | | | | | | |
| Name and signature of the Supervisor at the Receiving Organisation/Enterprise: | | | | | | |
| Date: | | | | | | |

Açıklama [ab31]: Faaliyet sonuna yaklaşırken bu formu karşı kuruma iletiniz. Karşı kurum faaliyetin bitişini takiben beş hafta içinde stajyere ve ev sahibi kuruma bu belgeyi doldurarak vermeli veya göndermelidir. Elektronik ortamda veya uygun görülen başka bir şekilde ulaştırılabilir.
Close to end of your mobility, give this form to the receiving institution. Upon the completion of mobility, within five weeks, the Receiving Organisation/Enterprise should send a Traineeship Certificate to the trainee and Sending Institution. It can be provided electronically or through any other means accessible to the trainee and the Sending Institution.

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¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² **Study cycle:** Short cycle (EQF level 5) / Bachelor or equivalent first cycle (EQF level 6) / Master or equivalent second cycle (EQF level 7) / Doctorate or equivalent third cycle (EQF level 8).

³ **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at http://ec.europa.eu/education/tools/isced-f_en.htm should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the trainee by the sending institution.

⁴ **Erasmus code:** a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.

⁵ **Contact person at the sending institution:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

⁶ **Contact person at the Receiving Organisation:** a person who can provide administrative information within the framework of Erasmus+ traineeships.

⁷ **Mentor:** the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.

⁸ **Level of language competence:** a description of the European Language Levels (CEFR) is available at: <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

⁹ **There are three different provisions for traineeships:**

1. Traineeships embedded in the curriculum (counting towards the degree);
2. Voluntary traineeships (not obligatory for the degree);
3. Traineeships for recent graduates.

¹⁰ **ECTS credits or equivalent:** in countries where the "ECTS" system it is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a web link to an explanation to the system should be added.

¹¹ **Responsible person at the sending institution:** this person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

¹² **Supervisor at the Receiving Organisation:** this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

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