# Брендбук – Бренд КПІ ім. Ігоря СікорськогоApplication for Participation in the Academic Mobility Program for

# Studies / Traineeship

# (underline the required)

**DETAILS OF THE STUDENT**

Name of student:

Level of Higher Education: Group:

Faculty/ Department:

Educational Program:

Specialty:

Academic year Sending Institution: **Igor Sikorsky Kyiv Polytechnic Institute**

**DETAILS OF THE PROPOSED ACADEMIC MOBILITY PROGRAMME**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Receiving institution: Studies/Traineeship program title: Planned dates of start and end of the mobility period: from to (date/months/year)Detailed program of the mobility (including the virtual component, ***if applicable***):    Upon satisfactory completion of the study/traineeship, the results will be recognized as follows (choose the option): **as formal studies ☐**

|  |  |  |  |
| --- | --- | --- | --- |
| *Receiving institution* | *ECTS/hours* | *Igor Sikorsky Kyiv Polytechnic Institute* | *ECTS/hours* |
| 1 |  |  |  |
| 2… |  |  |  |
| … |  |  |  |
| total |  |  |  |

**as informal studies☐** based on: Transcript of Records / Traineeship certificate ***I take the responsibility to timely report to the academic mobility office and Faculty/Institute on the results of academic mobility***  **Signature**Motivation to participate in the Academic Mobility Program (or enclose Motivation Letter☐):     |

The level of **language competence**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* ☐ *A2* ☐ *B1* ☐ B2☐ *C1* ☐ *C2* ☐ *Native speaker* ☐

**COMMITMENT OF THE THREE PARTIES BEFOR THE MOBILITY**

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| By signing this document, the trainee, the Receiving Institution/Enterprise (and the sending institution if different from the beneficiary institution for incoming mobility) confirm that they approve the Training Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Institution/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period.  |
| **Commitment**  | **Name**  | **Email**  | **Position**  | **Date**  | **Signature** |
| Applicant  |  |  |  |  |  |
| Responsible person at the sending institution (coordinator) |  |  |  |  |  |

**During the Mobility**

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| ***Exceptional Changes to the Studies/Traineeship Program at the Receiving Institution /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 Institution/Enterprise)  |
| Receiving institution: Studies/Traineeship program title: Planned dates of start and end of the mobility period: from to (date/months/year)Detailed program of the mobility (including the virtual component, ***if applicable***):   Upon satisfactory completion of the study/traineeship, the results will be recognized as follows (choose the option): **as formal studies ☐**

|  |  |  |  |
| --- | --- | --- | --- |
| *Receiving institution* | *ECTS/hours* | *Igor Sikorsky Kyiv Polytechnic Institute* | *ECTS/hours* |
| 1… |  |  |  |
| 2… |  |  |  |
| … |  |  |  |
| Total |  |  |  |

**as informal studies☐** based on: Transcript of Records / Traineeship certificate ***I take the responsibility to timely report to the academic mobility office and Faculty/Institute on the results of academic mobility***  **Signature*****Other changes:***   **Name and signature of the Applicant:** **Name and signature of the Responsible person at the Sending institution (coordinator):** **Name and signature of the Supervisor at the Receiving institution /Enterprise:**  |

**After the Mobility**

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| ***Study/Traineeship Certificate by the Receiving Institution/Enterprise*** |
| **Name of the study / trainee:** |
| **Name of the Receiving institution /Enterprise:** |
| **Sector of the Receiving institution /Enterprise:** |
| **Address of the Receiving institution /Enterprise** [street, city, country, phone, e-mail address]**, website:** |
| **Start date and end date of the complete study / traineeship (incl. virtual component, if applicable): from [day/month/year] to [day/month/year]**  |
| **Study / Traineeship title:** |
| **Detailed program of the traineeship period including tasks carried out by the trainee (including the virtual component, *if applicable*):** |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved learning outcomes):** |

**COMMITMENT OF THE THREE PARTIES AFTER THE MOBILITY**

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| By signing this document, the trainee, the Receiving Institution/Enterprise (and the sending institution if different from the beneficiary institution for incoming mobility) confirm that they approve the Training Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Institution/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period.  |
| **Commitment**  | **Name**  | **Email**  | **Position**  | **Date**  | **Signature** |
| Student  |  |  |  |  |  |
| Responsible person at the sending institution (coordinator) |  |  |  |  |  |
| Supervisor at the receiving institution |  |  |  |  |  |