



ERASMUS+ INTERNSHIP MOBILITY AND EUROPEAN INTERNSHIP CONSORTIA

ORIENTATION PROGRAMME

INTERNATIONAL OFFICE







ERASMUS+ Staj Hareketliliği

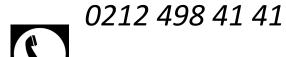


Important Informations:

- **✓ Sending Institution:** *Istanbul Kültür University*
- ✓ Erasmus ID Code: TR ISTANBU19
- ✓ Institutional Coordinator: Seçkin Taygun Altıntaş

INTERNATIONAL OFFICE

Ataköy Campus, E5 Karayolu üzeri Bakırköy 34158 İstanbul Student Centre, M-1-02



uib@iku.edu.tr









ERASMUS+ INTERNSHIP LETTER OF ACCEPTANCE

TABLE A :Information on Accepted Student (To be filled by the student)

Name Surname	
University	
Department / Program	
Student ID	
TABLE B : Information on Rec	eiving Institution
Name	
Address	
Website	
Area/s of Activity (Education, Import, Export, Manufacturingetc.)	
Institution)	ernship (To be filled by the Supervisor at the Receiving
Name Surname / Position of the Intern's Supervisor	
Supervisor's Contact Details	E-mail Phone
Department (Please indicate if the intern will be assigned to a specific department)	
Intern's Main Areas of	
Responsibility (anticipated)	
responsionity (consequency)	
Duration of the Internship	Begining Date/_/ Ending Date / /
Required Language Knowledge	Ending Date
Skills & Knowledge to be	
acquired at the end of the	
Internship	
memmp	
Signature of the Supervisor	

(Date, Signature, Stamp of the Institution)

ISTANBUL KÜLTÜR UNIVERSITY

ERASMUS+ TRAINEESHIP MOBILITY



BEFORE MOBILITY

- Accaptence Letter
- Learning Agreement (Before Mobility)
- Healt Insurance Sağlık Sigortası (must cover accident injuries)
- Passport Cop
- Visa Copy
- Euro Account Informations (İş Bank)
- Grant Agreement
- (ADDITIONAL/DIFFERENT DOCUMENTS FOR THE EUROPEAN INTERNSHIP CONSORTIUM)
- Application Form (you will sign it when you come to sign grant agreement)
- Euro Pass CV
- 1 (one) photo
- Euro Account Information (Yapı Kredi)

DURING MOBILITY

- Learning Agreement (During Mobility) (if there is any change)
- Online Language Exam (OLS)
- AFTER KOBILITY
- Certificate of Attandence
- Passport Stamps
- Learning Agreement (After Mobility)
- Personel Impression Essay
- Online Language Exam(OLS)
- Erasmus Survey





Certificate of Attandence







THE MOBILITY PERIOD IS A MINIMUM OF 60 DAYS

COMPREHENSIVE TRAVEL HEALTH INSURANCE

- It should cover the entire history of mobility
- Inpatient treatment should include
- It should include accidents and liability
- 30.000€
- Read the insurance





Visa Process

- Requesting a visa letter from the office
- Having a personal process
- Obtaining the most accurate information from consulates
- Entering the host country with an appropriate visa not tourist as an Erasmus Intern







Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu üzed. Bakuköu. 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator ulb@lku.edu.tr +90 212 498 41 41 ext. 4466	
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person name: position; e-mail; phone	Mentor' name; position; e-mail; phone
/Enterprise					☐ < 250 employees ☐ > 250 employees		

Before the mobility

Planned period of the mobility: from [month/ye	ear] to [month/year]
Traineeship title:	lumber of working hours per week:
Detailed programme of the traineeship:	
Traineeship in digital skills*: Yes No	
Knowledge, skills and competences to be acquired by the end of the traineeship (expe	ected Learning Outcomes):
Monitoring plan:	
Evaluation plan:	
The level of language competence in[indicate here the main language o	of work] that the trainee already has or agrees to acquire by the start of the
mobility period is: A1 \(\tau \) A2 \(\tau \) B1 \(\tau \) B2	□ C1 □ C2 □ Native speaker □
Table B - Sending I Please use only one of the folio	
The traineeship is embedded in the curriculum and upon satisfactory completion of the curriculum.	-
Award	
Record the traineeship in the trainee's Transcript of Records and Diploma Supplem	
Record the traineeship in the trainee's Europass Mobility Document: Yes 🗆 No 🗆	
2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the	e institution undertakes to:
Award ECTS credits (or equivalent): Yes □ No □ If yes, please indicate	the number of credits:
Give a grade: Yes ☐ No ☐ If yes, please indicate if this will be based on:	Traineeship certificate Final report Interview
Record the traineeship in the trainee's Transcript of Records: Yes No	
Record the traineeship in the trainee's Diploma Supplement (or equivalent). Record the traineeship in the trainee's <u>Europass</u> Mobility Document: Yes No	1
The traineeship is carried out by a recent graduate and, upon satisfactory completion	
	yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (highly reconv	mended): Yes 🗆 Nō 🗆
Accident insurance fo	or the trainee

not provided by the Receiving Organisation/E Yes No		ident insurance covers: ints during travels made fo ints on the way to work ar		I					
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes 🗆 No 🗆									
	Table C - Receiv	ving Organisation	n/Enterprise						
The Receiving Organisation/Enterprise will pr	ovide financial support to	the trainee for th	ne traineeship: Yes 🗆 No	☐ If yes, an	nount (EUR/month):				
The Receiving Organisation/Enterprise will pr If yes, please specify:	ovide a contribution in kin	d to the trainee f	for the traineeship: Yes	No 🗆					
The Receiving Organisation/Enterprise will pr	ovide an accident insuranc	e to the trainee	The accident insurance	e covers:					
(if not provided by the Sending Institution): Y	es 🗆 No 🗆				vork purposes: Yes 🗆 No 🗆 back from work: Yes 🗆 No 🗆				
The Receiving Organisation/Enterprise will pr Yes □ No □	ovide a liability insurance t	to the trainee (if	not provided by the Sendi	ing Institution)	:				
The Receiving Organisation/Enterprise will pr	ovide appropriate support	and equipment	to the trainee.						
Upon completion of the traineeship, the Orga	nisation/Enterprise under	takes to issue a 1	raineeship Certificate wit	hin 5 weeks af	ter the end of the traineeship.				
they will comply with all the arrangements agree problem or changes regarding the traineeship per	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.								
Commitment	Name	Email	Position	Date	Signature				
Trainee			Trainee						
Responsible person ¹³ at the Sending Institution									
Erasmus Institutional Coordinator at the Sending Institution	, ,,,,		Institutional Coordinator						
Supervisor ¹³ at the Receiving Organisation									

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 <u>ISCED-F 2013 search tool</u> 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.







Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

Trai ee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field or education ³
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu üzeri. Bakuköu. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmı <u>uib@iku.</u> +90 212 498 41 41 e:	edu.tr
Organisa on	Name	Department	Address; website	Country	Size	Contact person name: position; e-mail; phone	Mentor' name; position e-mail; pho
/Enterprise					☐ < 250 employees ☐ > 250 employees		

Before the mobility

Defore the mobility					
Table A - Traineeship Programme at the Receiving Organisation/Enterprise					
Planned period of the mobility: from [month	/year] to [month/year]				
Traineeship title:	Number of working hours per week:				
Detailed programme of the traineeship:					
Traineeship in digital skills*: Yes No					
Knowledge, skills and competences to be acquired by the end of the traineeship (ex	spected Learning Outcomes):				
Monitoring plan:					
Evaluation plan:					
The level of language competence in[Indicate here the main language	e of work that the trainee already has or agrees to acquire by the start of the				

Table B - Sending Institution						
Please use only one of the following three boxes: 10						
 The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to: 						
AwardECTS credits. (or equivalent)** Give a grade based on: Traineeship certificate Final report Interview						
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 No						
2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:						
Award ECTS <u>credits</u> (or equivalent): Yes U No U If yes, please indicate the number of credits:						
Give a grade: Yes 🗆 No 🗆 If yes, please indicate if this will be based on: Traineeship certificate 🗆 Final report 🗀 Interview 🗆						
Record the traineeship in the trainee's Transcript of Records: Yes No						
Record the traineeship in the trainee's Diploma Supplement (or equivalent).						
Record the traineeship in the trainee's Europass Mobility Document: Yes No						
3. The traineeship is carried out by a recent graduate and, upon satisfactory completion of the traineeship, the institution undertakes to:						
Award ECTS <u>credits</u> for equivalent): Yes \(\sum \text{No} \) If yes, please indicate the number of credits:						
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes 🗆 No 🗆						
Accident insurance for the trainee						



Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Sending Institution	İstanbul Kültür University		TR ISTANBU19	E5 Kacavolu üzeci. Bakuköv. 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmu uib@iku +90 212 498 41 41 ex	edu.tr
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person name: position; e-mail; phone	Mentor' name; position; e-mail; phone
/Enterprise					☐ < 250 employees ☐ > 250 employees		







Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Sending Institution	İstanbul <u>Kültür.</u> University		TR ISTANBU19	E5 Katavolu üzeti. Bakuktu. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator <u>uilb@iku.edu.tr</u> +90 212 498 41 41 ext. 4466	
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person name: position; e-mail; phone	Mentor' name; position; e-mail; phone
/Enterprise					☐ < 250 employees ☐ > 250 employees		

Table B - Sending Institution						
Please use only one of the following three boxes: 16						
 The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, 	the institution undertakes to:					
Award	te Final report Interview					
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivale	nt).					
Record the traineeship in the trainee's Europass Mobility Document: Yes No						
2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution unc	ertakes to:					
Award ECTS credits_(or equivalent): Yes No If yes, please indicate the number of	redits:					
Give a grade: Yes □ No □ If yes, please indicate if this will be based on: Traineeship cer	tificate Final report Interview Interview					
Record the traineeship in the trainee's Transcript of Records: Yes No	·					
Record the traineeship in the trainee's Diploma Supplement (or equivalent).						
Record the traineeship in the trainee's Europass Mobility Document: Yes No						
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 No If yes, please indicate the number of credits:						
Record the traineeship in the trainee's Europess Mobility Document (highly recommended): Yes No						
Accident insurance for the trainee						

Before the mobility

Table A - Traineeship Programs	Table A - Traineeship Programme at the Receiving Organisation/Enterprise					
Planned period of the mobility: from [month	/year] to [month/year]					
Traineeship title:	Number of working hours per week:					
Detailed programme of the traineeship:						
Traineeship in digital skills*: Yes No						
Traineeship in digital skills: res 🗆 No 🗆						
Knowledge, skills and competences to be acquired by the end of the traineeship (e	xpected Learning Outcomes):					
Monitoring plan:						
Evaluation plan:						
The level of language competence ¹ in (indicate here the main language	ge 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







Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
	Name	Faculty/ Department	(if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu üzeri. Bakuköu. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator <u>ulb@liku.edu.tr</u> +90 212 498 41 41 ext. 4466	
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person name: position; e-mail; phone	Mentor' name; position; e-mail; phone
/Enterprise					☐ < 250 employees ☐ > 250 employees		

Before the mobility

Planned period of the mobility: from [month/year]to [month/year]								
Traineeship title:	Number of working hours per week:							
Detailed programme of the traineeship:								
Traineeship in digital skills*: Yes No								
Knowledge, skills and competences to be acquired by the end of the traineeship	(expected Learning Outcomes):							
Monitoring plan:								
Evaluation plan:								
The level of language competence* in	B2 C1 C2 Number where							
Table B - Sen	ding Institution							
Please use only one of ti	ne following three boxes:16							
The traineeship is embedded in the curriculum and upon satisfactory completi								
	Traineeship certificate Final report Interview							
Record the traineeship in the trainee's Transcript of Records and Diploma Sup Record the traineeship in the trainee's <u>Europass</u> , Mobility Document: Yes								

The traineeship is voluntary and, upon satisfactory completion of the traineesh								
	licate the number of credits:							
Give a grade: Yes □ No □ If yes, please indicate if this will be based Record the traineeship in the trainee's Transcript of Records: Yes □ No □	on: Traineeship certificate Final report Interview							
Record the traineeship in the trainee's Diploma Supplement (or equivalent).								
Record the traineeship in the trainee's Europass Mobility Document: Yes	No □							
The traineeship is carried out by a recent graduate and, upon satisfactory comp	eletion of the traineeship, the institution undertakes to:							
Award ECTS credits. (or equivalent): Yes No	If yes, please indicate the number of credits:							
Reserved the traineeship in the trainee's Europass Mobility Document (highly n	commended - Ver No							
The Commission of the States of Hardens Products (Implify reconstructing Int. 100 -								
	commencey, resta nota							

	Table B - Sending Institution							
	Please use only one of the following three boxes: 10							
1.	The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:	_						
	AwardECTS <u>credits_(</u> or equivalent) ¹¹ Give a grade based on: Traineeship certificate Final report Interview Interview							
	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 □ No 🖭							
2.	The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:	_						
	Award ECTS credits. (or equivalent): Yes □ No □ If yes, please indicate the number of credits:							
	Give a grade: Yes □ No • If yes, please indicate if this will be based on: Traineeship certificate □ Final report □ Interview □							
	Record the traineeship in the trainee's Transcript of Records: Yes □ No							
	Record the traineeship in the trainee's Diploma Supplement (or equivalent).	1						
	Record the traineeship in the trainee's Europass Mobility Document: Yes No							
3.	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 □ No • If yes, please indicate the number of credits:							
	Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes No							
		-						





The Sending Institution will availe an accide not provided by the acciving Organisation/El Yes No The Sending Institution will provide a Sability of Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will provide a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution will be a Sending Institution	nterprise):	- accide	ents on the way to v	made for work purpos work and back from w	vork: Yes 🗆 No 🗀	
	Table C - Reco	eiving Organisatio	n/Enterprise			
The Receiving Organisation/Enterprise will pro	ovide financial support t	o the trainee for t	he traineeship: Yes	□ No □ If yes, an	mount (EUR/month):	
The Receiving Organisation/Enterprise will pro If yes, please specify:						
The Receiving Organisation/Enterprise will pro (if not provided by the Sending Institution): Ye		nce to the trainee	- accidents duri		work purposes: Yes 🗆 No 🗆	
The Receiving Organisation/Enterprise will pro		1	not provided by the			
The Acceiving Organisation/Enterprise will pro Upon completion of the traineeship, the Orga				ate within 5 weeks af	ter the end of the traineeship.	
By signing this document, the trainee, the Sending they will comply with all the arrangements agree problem or changes regarding the traineeship peri	d by all parties. The trair iod. The Sending Institut	nee and Receiving	Organisation/Enterp e should also comm	prise will communicat nit to what is set out in	te to the Sending Institution any in the Erasmus+ grant agreement.	
Communent	Name	Email	Position	Date	Signature	
Trainee			Trainee			
Responsible person ¹³ at the Sending Institution						
Erasmus Institutional Coordinator at the Sending Institution	Seçkin Taygun Altıntas	s.altintas@ik u.edu.tr	Institutional Coordinator			
Super, See 13 at the Receiving Organisation		an-american	0000000000		———	

- 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 <u>ISCED-F 2013 search tool</u> 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.

	The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes No The Sending Institution will provide a field the sending provided by the trainee (if not provided by the sending Institution will provide a field the sending provided by the	The accident insurance covers: accidents during travels made for work purposes: Yes _ No _ accidents on the way to work and back from work: Yes _ No _ No _						
	The Sending Institution will provide a liability insurance to the trainee (if not pro-	avided by t	he Receiving Organisation/E	nterprise): Yes □ No □				
	Table C - Receiving Org	ganisation/	Enterprise					
			•					
١,								
	The Receiving Organisation/Enterprise will provide financial support to the train	nee for the	traineeship: Yes 🗆 No 🗆	If yes, amount (EUR/month):				
ΙI	The Receiving Organisation/Enterprise will provide a contribution in kind to the	trainee for	the traineeship: Yes 🗆 No					
ΙI	If yes, please specify:		·					
ΙI	The Receiving Organisation/Enterprise will provide an accident insurance to the	e trainee	The accident insurance co	vers:				
ΙI	(if not provided by the Sending Institution): Yes □ No □		- accidents during travels made for work purposes: Yes □ No □					
ΙI			- accidents on the way to work and back from work: Yes No					
	The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes No							
	The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.							
	Upon completion of the traineeship, the Organisation/Enterprise undertakes to	o issue a Tra	ineeship Certificate within !	5 weeks after the end of the traineeship.				

The institution undertakes to respect an one principles of the charles charter for higher concaton relating to traineeships.								
Commitment	Name	Email	Position	Date	Signature			
Trainee			Trainee					
Responsible person ¹³ at the Sending Institution								
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional					
Institution	Altıntaş	u.edu.tr	Coordinator					
Supervisor ¹⁸ at the Receiving Organisation								







Responsible person* at the Sending Institution Supervisor* at the Receiving Organisation

Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

<u>+</u>							
Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu üzed. Bakuköu. 34158 Istanbul	TR	Seşkin Taygun Altıntaş (Erasmus Institutional Coordinate <u>uib@iku.edu.tr</u> +90 212 498 41 41 ext. 4466	
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person name: position; e-mail; phone	Mentor' name; position; e-mail; phone
/Enterprise					☐ < 250 employees ☐ > 250 employees		

During the Mobility

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise

Organisation/Enterprise)						
Planned period of the mobility: from [month/year]till [month/year]						
Traineeship title:	Number of working hours per week:					
Detailed programme of the traineeship period:						
Knowledge, skills and competences to be acquired by the end of the traineeship	expected Learning Outcomes):					
Monitoring plan:						
Evaluation plan:						
Start date and end date of traineeship: from [day/month/year]	Liferia and house					
	[day/month/year]					
Traineeship title:						
1						
they will comply with all the arrangements agreed by all parties. The trainee and problem or changes regarding the traineeship period. The Sending Institution and	rganisation/Enterprise confirm that they approve the Learning Agreement and that Receiving Organisation/Enterprise will communicate to the Sending Institution any the trainers should also commit to what is set out in the Trasmuse grant agreement. Trasmus Charter for Higher Education relating to traineeships.					

		,		. – .	• •
© Erasmus+					Higher Education: earning Agreement form Student's name cademic Year 20/20
Institution	Altıntaş	u.edu.tr	Coordinator		
¹ Nationality: Country to which the pe	rson belongs adm	ninistratively	and that issues the	ID card and	d/or passport.
² Study cycle: Short cycle (EQF level 5) (EQF level 7) / Doctorate or equivalent			cycle (EQF level 6)	/ Master o	r equivalent second cycle
³ Field of education: The <u>ISCED-F 2013</u> be used to find the ISCED 2013 detail awarded to the trainee by the sending	led field of educa				

- 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.
- 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.
- ^a 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.
- ⁹ 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.

2





Learning Agreement form Student's name **Learning Agreement** C Erasmus+ Academic Year 20.../20... Student Mebility for Traineeships Gender [Male/Female/ Nationality¹ Field of education First name(s) Date of birth Study cycle² Undefined] Faculty/ Erasmus code Address Country Contact person name⁵; email; phone Department (if applicable) E5 Karawolu Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) TR ISTANBU19 Bakırköv, uib@iku.edu.tr University +90 212 498 41 41 ext. 4466 34158 Address; website Country position; e-mail; phone 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) Planned period of the mobility: from [month/year] till [month/year] ... Detailed programme of the traineeship period Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)

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

Start date and end date of traineeship: from [day/month/year] to [day/month/year]

Traineeship title:

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person ⁸ at the Sending Institution					
Supervisor® at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

University

Trainee

Sending

Institution

Receiving

Organisation

/Enterprise

Learning Agreement Student Mobility for Traineeships

TR ISTANBU19

Address:

website

Department

Bakurköy.

34158

İstanbul

Country

Learning Agreement form Academic Year 20.../20...

Date of birth Nationality¹ [Male/Female/ Field of education³ Last name(s) First name(s) Study cycle² Undefined] Faculty/ Erasmus code Address Country Contact person name5; email; phone Name Department (if applicable) E5 Karawolu İstanbul üzeri Seckin Taygun Altıntaş (Erasmus Institutional Coordinator) Kültür TR

Size

□ < 250 employeer

uib@iku.edu.tr +90 212 498 41 41 ext. 4466 Contact person" name: Mentor' name; position; position; e-mail; phone e-mail; phone







Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

+								
ļt ra	ainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
		Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ , email; phone Seçkin Taygun Altıntaş (Erasmus Institutional Coordinat <u>uhb@iku.edu.tr</u> +90 212 498 41 41 ext. 4466	
	ending titution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu üzed. Bakuköu. 34158 Istanbul	TR		
	ceiving inisation	Name	Department	Address; website	Country	Size	Contact person name; position; e-mail; phone e-mail; phone	
	terprise					☐ < 250 employeex ☐ > 250 employeex		

During the Mobility

Table 42 - Evrentins	nal Changes to the Traineeship Programme at the Receiving Organisation/Enterprise
	y the student, the responsible person in the Sending Institution and the responsible person in the Acceiving
(to be approved by a main or agreement)	Organisation/Enterprise)
Planned period of t	the mobility: from [month/year] till [month/year]
Traineeship title:	Number of working hours per week:
Detailed programme of the traineeship period:	
Knowledge, skills and competences to be acquired by the	e end of the traineeship (expected Learning Outcomes):
Monitoring plan:	
Evaluation plan:	
art date and end date of traineeship: from [day/mont	th/year] to [day/month/year]
Traineesn, title:	

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-prant agreement.

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature				
Trainee			Trainee						
Responsible person ⁸ at the Sending Institution									
Supervisor ⁶ at the Receiving Organisation									
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional						

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							
(up be approved by e-main or agriculter by the accutent, the responsible person in the section). Organization/Enterprise)							
	, , ,						
Planned period of the	mobility: from [month/year] till [month/year]						
Traineeship title:	Number of working hours per week:						
Datailed are growner of the traineachin naried							
Detailed programme of the traineeship period:							
Knowledge, skills and competences to be acquired by the en	nd of the traineeship (expected Learning Outcomes):						
Monitoring plan:							
Evaluation plan:							
Evaluation plan.							
I							
Start date and end date of traineeship: from [day/month/	year] to [day/month/year]						
Traineeship title:							







Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	ES Karavolu üzeri. Bakuköu. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <u>ulb@lku.edu.tr</u> +90 212 498 41 41 ext. 4466	
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person name: position; e-mail; phone	Mentor' name; position; e-mail; phone
/Enterprise					☐ < 250 employees ☐ > 250 employees		

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)							
Planned period of the mobility: from [month/year]till [month/year]							
Traineeship title: Number of working hours per week:							
Detailed programme of the traineeship period:	<u> </u>						
Knowledge, skills and competences to be acquired by th	e end of the traineeship (expected Learning Outcomes):						
Monitoring plan:							
Evaluation plan:							
Start date and end date of traineeship: from [day/mon	nth/year] to [day/month/year]						
Traineeship title:							

By signing this descent, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning that the same of the sending Institution of the Sending Organisation/Enterprise will communicate to the Sending Institution of the Sending Institution and the trainees should also commit to what is set out in the Enamise- grant agreement of the Sending Institution and the trainees should also commit to what is set out in the Enamise- grant agreement. The institution undertakes to respect all the principles of the Enamise Institution Indian relating to traineeships.

Ιl	The institution undertakes to respect an the principles of the grashing charter for righter concation relating to traineeships.									
	Commitment	Name	Email Position		Date	Signature				
	Trainee			Trainee						
	Responsible person ⁸ at the Sending Institution									
	Supervisor® at the Receiving Organisation									
	Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional						

the institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person* at the Sending Institution					
Supervisor® at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

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C Erasmus+

Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

<u>+</u>								
	Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³
L								
		Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu üzeri. Bakuköv. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <u>ulb@lku.edu.tr</u> +90 212 498 41 41 ext. 4466	
	Receiving Organisation	Name	Department	Address; website	Country	Size	Contact gerson partie; Mentor name; position; e-mail; phone e-mail; phone	
	/Enterprise					☐ < 250 employees ☐ > 250 employees		

After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise
Name of the trainee:
Name of the Receiving Organisation/Enterprise:
Sector of the Receiving Organisation/Enterprise:
Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:
Start date and end date of traineeship: from [day/month/year] to [day/month/year]
Traineeship title:
Detailed programme of the traineeship period including tasks carried out by the trainee:
Knowledge, skills (Intellectual and practical) and competences acquired (achieved Learning Outcomes):
Evaluation of the trainee:
1

Erasmus+	Higher Education: Learning Agreement form Student's name Academic Year 20/20

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person ⁸ at the Sending Institution					
Supervisor® at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		
Institution	Altıntaş	u.edu.tr	Coordinator		

Name and signature of the Supervisor at the Receiving Organisation/Enterprise

2

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 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.

Scottact 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 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.





	Erasmu	s+ St		_	lgreeme	ent	Higher Education: ing Agreement form Student's name emic Year 20/20	
Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³	
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone		
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu. üzeri. Bakuköv. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <u>uilb@iku.edu.tr</u> +90 212 498 41 41 ext. 4466		
Receiving Organia tion	Name	Department	Address; website	Country	Size	Contact person partie; Mentor name; position; e-mail; phone e-mail; phone		
/Enterprise					□ < 250 employees □ > 250 employees			

After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise							
Name of the trainee:							
Name of the Receiving Organisation/Enterprise:							
Sector of the Receiving Organisation/Enterprise:							
Address of the Receiving Organisation/Enterprise (street, city, country, phone, e-mail address), website:							
start date and end date of traineeship: from [day/month/year] to [day/month/year]							
Fraineeship title:							
Detailed programme of the traineeship period including tasks carried out by the trainee:							
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):							
Evaluation of the trainee:							
1							



Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle ²	Field of education ³	
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone		
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Kacavolu üzeci. Bakuköu. 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator) <u>uib@iku.edu.tr</u> +90 212 498 41 41 ext. 4466		
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person game: Mentor name; position; e-mail; phone e-mail; phone		
/Enterprise					☐ < 250 employees ☐ > 250 employees			





Name Faculty/ Department Faculty/ Depa	us Institutional Coordinator)
Institution Citibis University TR ISTANBU19 Boldsood TR University September 1 TR STANBU19 Boldsood TR University Hold TR STANBU19 Boldsood TR University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr University Hold Tr Uni	.edu.tr
Name Department website Country Size position; e-mail; phone	98 41 41 ext. 4466
(External o	Mentor' name; position; e-mail; phone
Address of the Receiving Organisation/Enterprise: Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:	
Start date and end date of traineeship: from [day/month/year]	
Traineship title:	
Detailed programme of the traineeship period including tasks carried out by the trainee:	
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):	

After the Mobility

Name of the trainee:
Name of the Receiving Organisation/Enterprise:
Sector of the Receiving Organisation/Enterprise:
Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:
Start date and end date of traineeship: from [day/month/year] to [day/month/year]
Traineeship title:
Detailed programme of the traineeship period including tasks carried out by the trainee:
Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):
Evaluation of the trainee:





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74,47	Erasmus+

Higher Education: Learning Agreement form Student's name Academic Year 20.../20...

Date:
Name and signature of the Supervisor at the Receiving Organisation/Enterprise:

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	Commitment	Name	Email	Position	Date	Signature	r
	Trainee			Trainee			
	Responsible person ⁸ at the Sending Institution						
	Supervisor® at the Receiving Organisation						
	Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional			
	Institution	Altıntaş	u.edu.tr	Coordinator			L

Commitment	Name	Email	Position	Date	Signature
Trainee			Trainee		
Responsible person ⁸ at the Sending Institution					
Supervisor® at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		
Institution	Altıntaş	u.edu.tr	Coordinator		

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 <u>ISCED-F 2013 search tool</u> available at https://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.

^a 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.





GRANT PAYMENTS

-THE FIRST PAYMENT IS 80% (BEFORE YOU GO)

-THE SECOND PAYMENT IS 20% (AFTER RETURN/ AFTER DELIVERY OF RETURN DOCUMENTS AND AFTER FILLING OUT THE ONLINE QUESTIONNAIRE)





ORIENTATION PROGRAM

2021-2022 PROJECT TERMS

Ülke grupları	Misafir Olunacak Ülke	Aylık Hibe Öğrenim (Avro)	Aylık Hibe Staj (Avro)
1. ve 2. Grup Ülkeler	Almanya, Avusturya, Belçika, Danimarka, Finlandiya, Fransa, Güney Kıbrıs, Hollanda, İrlanda, İspanya, İsveç, İtalya, İzlanda, Lihtenştayn, Lüksemburg, Malta, Norveç, Portekiz, Yunanistan	600	750
3. Grup Ülkeler	Bulgaristan, Çek Cumhuriyeti, Estonya, Hırvatistan, Kuzey Makedonya, Letonya, Litvanya, Macaristan, Polonya, Romanya, Sırbistan, Slovakya, Slovenya, Türkiye	450	600





ORIENTATION PROGRAM

2020 PROJECT TERM

Ülke Grupları	Hareketlilikte Misafir Olunan Ülkeler	Aylık Hibe Öğrenim (Avro)	Aylık Hibe Staj (Avro)
1. ve 2. Grup Program Ülkeleri	Birleşik Krallık, Danimarka, Finlandiya, İrlanda, İsveç, İzlanda, Lihtenştayn, Lüksemburg, Norveç, Almanya, Avusturya, Belçika, Fransa, Güney Kıbrıs, Hollanda, İspanya, İtalya, Malta, Portekiz, Yunanistan,	500	600
Bulgaristan, Çek Cumhuriyeti, Estonya, Hırvatistan, Letonya, Litvanya, Macaristan, Kuzey Makedonya, Polonya, Romanya, Sırbistan, Slovakya, Slovenya, Türkiye		300	400



For all documents;

uib.iku.edu.tr/en



THANK YOU @

