



ERASMUS+ STAJ HAREKETLİLİĞİ VE AVRUPA STAJ KONSORSİYUMU

ORYANTASYON PROGRAMI

ULUSLARARASI İLİŞKİLER BİRİMİ











- Önemli Bilgiler
- Kabul Mektubu
- Gerekli Dokümanlar
- Online Language Support (OLS)
- Vize Süreci
- Learning Agreement
- Hibe Ödemeleri
- Soru-Cevap





Önemli Bilgiler:

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

ULUSLARARASI İLİŞKİLER BİRİMİ

Ataköy Kampüsü, E5 Karayolu üzeri Bakırköy 34158 İstanbul

Öğrenci Merkezi Binası, M-1-02



0212 498 41 41



uib@iku.edu.tr



@ikuinternational





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 Receiving Institution				
Name				
Address				
Website				
Area/s of Activity				
(Education, Import, Export,				
Manufacturingetc.)				

TABLE C: Information on Inte	ernship (To be filled by the Supervisor at the Receiving
Institution)	
Name Surname / Position of the	
Intern's Supervisor	
Supervisor's Contact Details	E-mail
Supervisor's Contact Details	Phone
Department (Please indicate if	
the intern will be assigned to a	
specific department)	
Intern's Main Areas of	
Responsibility (anticipated)	
Responsionity (anticipatea)	
Duration of the Internship	Begining Date//
Duration of the internsinp	Ending Date//
Required Language Knowledge	
Skills & Knowledge to be	
acquired at the end of the	
Internship	
Signature of the Supervisor	
Signature of the Supervisor	
	(Date, Signature, Stamp of the Institution)

ISTANBUL KÜLTÜR UNIVERSITY

ERASMUS+ TRAINEESHIP MOBILITY



HAREKETLİLİK ÖNCESİ

- Kabul Mektubu
- Learning Agreement (Before Mobility)
- Sağlık Sigortası (kaza ve mesuliyet maddesi içermeli)
- Pasaport Fotokopisi
- Vize Fotokopisi
- Euro Hesap Bilgileri (İş Bankası)
- Hibe Sözleşmesi
- (AVRUPA STAJ KONSORSİYUM İÇİN EKSTRA/FARKLI EVRAKLAR)
- Başvuru Formu (Hibe Sözleşmesi imzalamaya gelindiğinde imzalanacak)
- EuroPass CV
- 1 (bir) Fotograf
- Euro Hesap Bilgileri (Yapı Kredi)

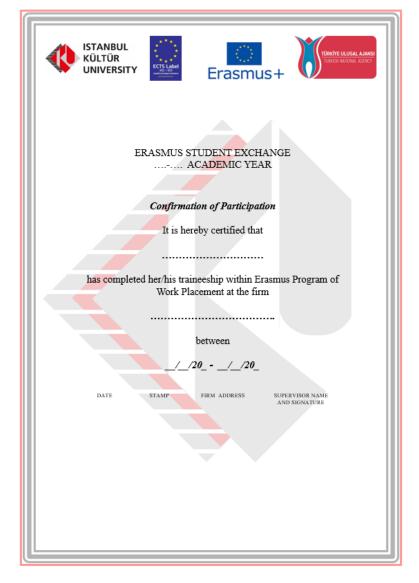
HAREKETLİLİK SIRASINDA

- Learning Agreement (During Mobility) (eğer bir değişiklik olduysa)
- Online Yabancı Dil Sınavı (OLS)
- HAREKETLİLİK DÖNÜŞÜ SONRASI
- Katılım Belgesi
- Ülkeye Giriş-Çıkış Mühürleri
- Learning Agreement (After Mobility)
- Kişisel İzlenim Yazısı
- Online Yabancı Dil Sınavı (OLS)
- Erasmus Anketi





Katılım Belgesi Örneği



ISTANBUL KÜLTÜR UNIVERSITY

ERASMUS+ TRAINEESHIP MOBILITY



ONLINE LANGUAGE SUPPORT (OLS)

Sistemin temel amacı, Erasmus+ programının, yararlanıcıların dil seviyelerine sağladığı katkıyı ölçmektir.

Sisteme Giriş

OLS tanımlaması, öğrenciler gidiş evraklarını Ulusararası İlişkiler Birimine teslim ettikten sonra yapılır. Tanımlama işleminden sonra, otomatik olarak öğrencilerin başvuru sistemindeki e-posta adreslerine kullanıcı adı ve parola gelir. Öğrenciler, e-postadaki adımları takip ederek sisteme giriş yapar, kendi profillerini oluşturur ve ilk sınavı çözerler.

Zorunlu Sınavlar

Öğrenciler, faaliyetlerine başlamadan önce ve faaliyetlerini tamamladıktan sonra ayrı ayrı olmak üzere, OLS sistemi üzerinden iki sınav olurlar. Her iki sınav da zorunludur, ancak sınav sonuçları faaliyete herhangi bir engel teşkil etmemektedir.

İsteğe Bağlı Dil Kursu

Öğrenciler, isteklerine bağlı olarak, gittikleri ülkenin dilinde çevrimiçi dil kursundan yararlanabilirler.

Öğrencilerin, kurs taleplerini Ulusararası İlişkiler Birimine iletmeleri gerekmektedir.

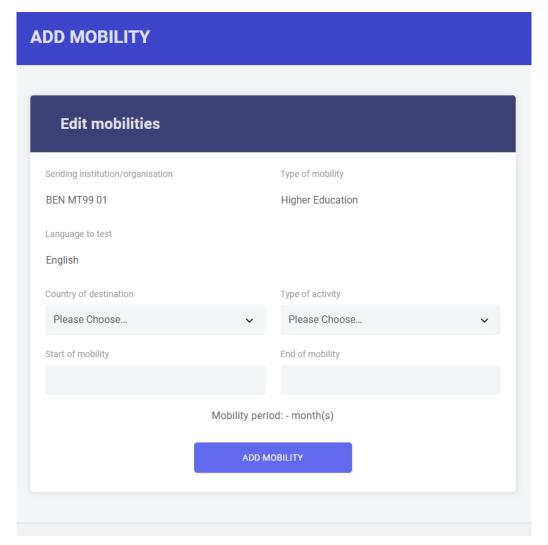








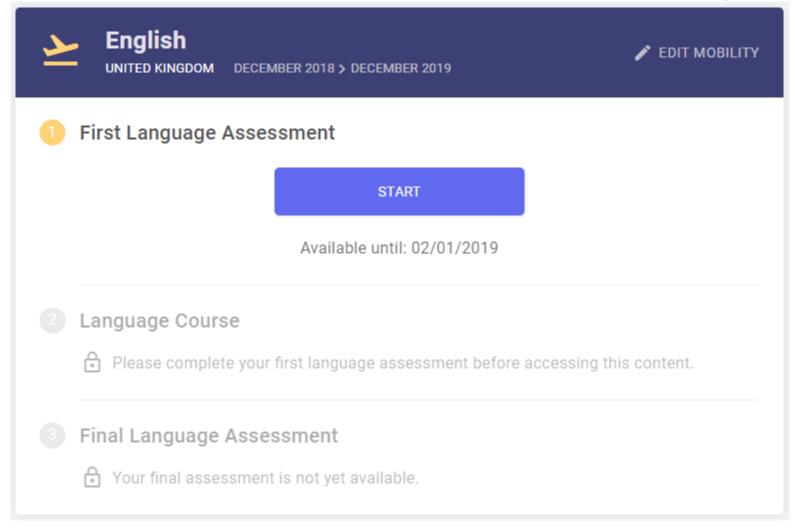
ONLINE LANGUAGE SUPPORT (OLS)







ONLINE LANGUAGE SUPPORT (OLS)







ONLINE LANGUAGE SUPPORT (OLS)

Congratulations

Your level in English is:

A1- A1



B1 E

C1

C2

_

You can understand and identify essential information on simple and routine matters in common social and professional situations.

How was your assessment?

We'd love to hear from you!

Take a quick survey.

CD CEFR

Grammar A2

You understand simple grammatical structures and sentence connectors linking groups of words.

Vocabulary A2

You understand connected words and phrases and commonly used vocabulary related to your environment, background and areas of interest.

Listening comprehension B1

You can understand the main points of clear, standard speech in familiar social and work-related domains, as well as many radio and TV programmes on current affairs or topics of interest, when the delivery is relatively slow.

Reading comprehension A2

You are able to understand and identify essential information in simple, everyday materials such as menus, timetables, brochures and basic written correspondence.

CONTINUE





ONLINE LANGUAGE SUPPORT (OLS)

Results of your language assessment



LAST NAME

A2

LEVEL ACHIEVED

FIRST NAME

You can understand and identify essential information on simple and routine matters in common social and professional situations.

TAKEN ON

2019-09-27

LANGUAGE TESTED

English

View your breakdown of results by skill

GRAMMAR A2

You understand simple grammatical structures and sentence connectors linking groups of words.

READING COMPREHENSION A2

You are able to understand and identify essential information in simple, everyday materials such as menus, timetables, brochures and basic written correspondence. VOCABULARY A2

You understand connected words and phrases and commonly used vocabulary related to your environment, background and areas of interest.

LISTENING COMPREHENSION B1

You can understand the main points of clear, standard speech in familiar social and work-related domains, as well as many radio and TV programmes on current affairs or topics of interest, when the delivery is relatively slow.





HAREKETLİLİK SÜRESİ MİNİMUM 60 GÜNDÜR

GENİŞ KAPSAMLI SEYAHAT SAĞLIK SİGORTASI YAPTIRILMALIDIR

- Tüm hareketlilik tarihini kapsamalı
- Yatarak tedaviyi içermeli
- Kaza ve mesuliyet içermeli
- 30.000€







Vize süreci

- Vize yazısının ofisten talep edilmesi
- Kişisel bir süreç olması
- En doğru bilgilerin konsolosluklardan edinilmesi
- Ev sahibi ülkeye uygun bir vize ile girme turist olarak değil Erasmus Stajyer olarak









Detailed programme of the traineeship

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 nam	e ⁵ ; email; phone
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu üzed. Bakuköu. 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmı <u>uib@iku.</u> +90 212 498 41 41 <i>e</i>	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:		

Before the mobility

Planned period of the mobility: from [month/year]

Traineeship in digital skills*: Yes \(\text{No} \)
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
Table 8 - Sending Institution Please use only one of the following three boxes: 18 1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to: AwardECTS codits_for equivalent)
Accident insurance for the trainee

The Sending Institution will provide an accide not provided by the Receiving Organisation/E Yes No		dent insurance covers: hts during travels made fo hts on the way to work an						
The Sending Institution will provide a liability	insurance to the trainee (if	nat provided by	the Receiving Organisatio	on/Enterprise)	: Yes 🗆 No 🗆			
Table C - Receiving Organisation/Enterprise								
The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes 🗆 No 🗆 If yes, amount (EUR/month):								
The Receiving Organisation/Enterprise will pr If yes, please specify:	rovide a contribution in kind	to the trainee fo	or the traineeship: Yes 🗆	No 🗆				
The Receiving Organisation/Enterprise will pr	ovide an accident insurance	to the trainee	The accident insurance	e covers:				
(if not provided by the Sending Institution): Y	es 🗆 No 🗆				vork purposes: 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 Orga	anisation/Enterprise underta	akes to issue a T	raineeship Certificate wit	hin 5 weeks af	ter 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.								
Commitment	Name Er	mail (Position	Date	Signature			
Trainee			Trainee					
Responsible person ¹² at the Sending Institution								
Frasmus Institutional Coordinator at the Sending Institution			nstitutional Coordinator					
upervisor ¹⁸ 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

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

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

Delote the	modifity				
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 ⁸ : 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 [indicate here the main language	e of work that the trainee already has or agrees to acquire by the start of the				
mobility period in A1 = A2 = B1 =	P3 C C1 C C3 C Mathia analysis C				

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 condits. (or equivalent) Give a grade based on: Traineeship certificate Final report Interview I					
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).					
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> (or equivalent): Yes \(\sqrt{N}\) \(\sqrt{N}\) \(If yes, please indicate the number of credits:					
Record the traineeship in the trainee's <u>Furonass</u> Mobility Document (highly recommended): Yes No					
_					
Accident insurance for the trainee					



Learning Agreement Student Mobility for Traineeships

Higher Education: Learning Agreement form 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 nam	e ⁵ ; email; phone
Sending Institution	İstanbul Kültür University		TR ISTANBU19	E5 Kacavolu üzeti. Bakuktu. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmı uib@iku. +90 212 498 41 41 e	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 nam	e ⁵ ; email; phone
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu. üzed. Bakuköv. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmı uib@iku. +90 212 498 41 41 e	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		

Table B. Conding Institution						
	Table B - Sending Institution					
P	Please use only one of the following three boxes:10					
 The traineeship is embedded in the curriculum and upon 	n satisfactory completion of the traineeship, the institution undertakes to:					
AwardECTS <u>credits_(</u> or equivalent) ¹¹ Gi	ive a grade based on: Traineeship certificate Final report Interview					
Record the traineeship in the trainee's Transcript of Re	ecords and Diploma Supplement (or equivalent).					
Record the traineeship in the trainee's Europass Mobili	lity Document: Yes □ No □					
2. The traineeship is voluntary and, upon satisfactory comp	pletion 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 Uso If yes, please indicate if this will be based on: Traineeship certificate Final report Interview I						
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						
3. The traineeship is carried out by a recent graduate and, upon satisfactory completion of the traineeship, the institution undertakes to:						
Award ECTS coedits. (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						
	Accident insurance for the trainee					

Before 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 (e.	pected Learning Outcomes):						
Monitoring plan:							
Evaluation plan:							
The level of language competence [®] in	e 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	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Sending Institution	İstanbul <u>Kültür.</u> University		TR ISTANBU19	E5 Karavolu üzeri. Bakuköv. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coord uib@iku.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

Tune A - Traineesilp Programme at the Reterving 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 (o	expected Learning Outcomes):					
Monitoring plan:						
E-b-std						
Evaluation plan:						
The level of language competence in [indicate here the main league.	function that the trainee already has or agrees to acquire by the start of the					
amity period is: A1 \(\text{\tin}\text{\tin}\text{\texitile}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\ti}\tilingt{\text{\text{\tilit{\text{\text{\text{\text{\text{\tilit{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tilit}}}}\tility}\text{\tilit}}}}\tilttiten\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tilitt{\text{\texi}\tiltit{\text{\text{\texitil}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	B2 □ C1 □ C2 □ North-sp. where □					
Table B - Send.	Una facilitation					
Please use only one of the						
The traineeship is embedded in the curriculum and upon satisfactory completion						
Award						
Record the traineeship in the trainee's Transcript of Records and Diploma Supp						
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 I If yes, please indicate the number of credits:						
Give a grade: Yes \(\text{No} \) \(\text{If yes, please indicate if this will be based on: Traineeship certificate \(\text{Final report} \) \(\text{Interview} \) \(\text{Record the traineeship in the trainee's Transcript of Records: Yes \(\text{No} \) \(\text{No} \)						
Record the traineeship in the trainee's Transcript of Records: Yes \(\subseteq \) No \(\subseteq \) Record the traineeship in the trainee's Diploma Supplement (or equivalent).						
Record the traineeship in the trainee's Europass Mobility Document: Yes N	lo 🗆					
3. The traineeship is carried out by a recent graduate and, upon satisfactory comple	etion of the traineeship, the institution undertakes to:					
Award ECTS credits. (or equivalent): Yes □ No □	If yes, please indicate the number of credits:					
Res. of the traineeship in the trainee's Europass Mobility Document (highly rec	7 - 7					
mannam , bottom in prigray is						
Accident insurance	ce for the trainee					

	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 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 credits. (or equivalent): Yes □ No•□ If yes, please indicate the number of credits:	ı						
	Give a grade: Yes □ No ● If yes, please indicate if this will be based on: Traineeship certificate □ Final report □ Interview □	ı						
	Record the traineeship in the trainee's Transcript of Records: Yes No	ı						
	Record the traineeship in the trainee's Diploma Supplement (or equivalent).	ı						
	Record the traineeship in the trainee's Europass Mobility Document: Yes No	ı						
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:	ı						
	Record the traineeship in the trainee's <u>Europass</u> Mobility Document (highly recommended): Yes No.	ı						
		•						





The Sending Institution will avoide an accide not provided by the acciving Organisation/E Yes \(\Backslash \text{No} \) The Sending Institution will provide a Sability	nterprise): insurance to the trainee (i	- accider		back from work:	Yes 🗆 No 🗀
The Receiving Organisation/Enterprise will pro The Receiving Organisation/Enterprise will pro If yes, please specify:	ovide a contribution in kin	d to the trainee fo	or the traineeship: Yes 🗆 h	No 🗆	(EUR/month):
The Receiving Organisation/Enterprise will pro (if not provided by the Sending Institution): Ye The Receiving Organisation/Enterprise will pro	es 🗆 No 🗆		- accidents on the way	els made for work po to work and back fr	urposes: Yes 🗆 No 🗆
The aceiving Organisation/Enterprise will pro Upon completions of the traineeship, the Organisation				in 5 weeks after 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 The lost the concertaces to	d by all parties. The traine od. The Sending Institution	e and Receiving C	organisation/Enterprise wil should also commit to wh	I communicate to to at is set out in the E	ne Sending Institution any rasmus+ grant agreement
Communitation Trainee	Name			Date	Signature
Responsible person ¹³ at the Sending Institution Erasmus Institutional Coordinator at the Sending Institution Subsection at the Receiving Organisation		s.altintas@ik	Institutional 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 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 Conding Institution will provide a Ephility incurance to the trained fill not us	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 □						
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes 🗆 No 🗆							
Table C - Receiving Or	rganisation/Enterprise						
The Receiving Organisation/Enterprise will provide financial support to the trai	ainee for the traineeship: Yes 🗆 No 🖂 📗 If yes, amount (EUR/month):						
The Receiving Organisation/Enterprise will provide a contribution in kind to the If yes, please specify:	e trainee for the traineeship: Yes No						
The Receiving Organisation/Enterprise will provide an accident insurance to the	he trainee The accident insurance covers:						
(if not provided by the Sending Institution): Yes ☐ No ☐	- accidents during travels made for work purposes: Yes No						
	- accidents on the way to work and back from work: Yes No						
The Receiving Organisation/Enterprise will provide a liability insurance to the to	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	to issue a Traineeship Certificate within 5 weeks after the end of the traineesh						

THE INSULUCION UNDERLAKES OF	the notitution undertakes to respect an tile principles of the classifies charter for righter 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					·				







Supervisor⁶ at the Receiving Organisation

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
Į								
		Name	Faculty/ Department	(if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
	Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Kacavolu üzeci. Bakukču. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordin uib@iku.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		

During the Mobility

(10 to 4) to 10 to		Organisation			Parametria programme			
Planned period of the mobility: from [month/year]till [month/year]								
Traineeship title:		Numb	er of working hours per w	eek:				
Detailed programme of the traineeship period:		,						
Knowledge, skills and competences to be acquire	d by the end of the train	neeship (expected	d Learning Outcomes):					
Monitoring plan:								
Evaluation plan:								
Start date and end date of traineeship: from [da	ay/month/year]	to [day/mo	nth/year]					
Traineeship title:								
By signing this document, the trainee, the Sendin they will comply with all the arrangements agree problem or changes regarding the traineeship per The institution undertakes to	ed by all parties. The trai riod. The Sending Institut	nee and Receiving tion and the train	Conganisation/Enterprise of the should also commit to the should also commit the should also commit to the should also commit to the should also commit to the should also commit to the should also commit to the should also commit to the should also commit to the should also commit the should al	will communica what is set out i	te to the Sending Institution any in the Erasmus+ grant agreement			
Commitment	Name	Email	Position	Date	Signature			
Trainee			Trainee					
Responsible person ² at the Sending Institution	I	l	l	I	1			

C 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	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 (EQF level 7) / Doctorate or equivalent			cycle (EQF level 6)	/ Master o	or equivalent second cycle				
I find of advantion. The ICCED 5 2011	O manufacture of the control of the	lable of bear			ala liannal E. am beau abasslal				

- 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 Constraints.
- 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.

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(1)	Erasmu	0.1			Agreemer	nt		Higher Education ning Agreement for Student's name Student'
***	Erasmu	St St	udent M	lobility	for Train	eeships	Acad	lemic Year 20/20
Trainee	Last name(s)	First name(s)	Date of birth	Nationality ¹	Gender [Male/Female/ Undefined]	Study cycle	g ²	Field of education
	Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact	person nan	ne ⁵ ; email; phone
Sending Institution	İstanbul Kültür University		TR ISTANBU19	ES Karavolu. üzeti. Bakukku. 34158 Istanbul	TR		ntaş (Erasmı <u>uib@iku.</u> 498 41 41 ed	
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person* position; e-mail;		Mentor' name; posit e-mail; phone
/Enterprise					□ < 250 employees □ > 250 employees			
	(to be approve	ed by e-mail or sig	nature by the stud	ent, the responsi Organ	nisation/Enterprise)	ding Institution and t	the respons	<i>erprise</i> ible person in the Receivi
Traineeship t		ed by e-mail or sig	nature by the stud	ent, the responsi Organ	ible person in the Sen	ding Institution and t	the respons	
		ed by e-mail or sig	nature by the stud	ent, the responsi Organ	ible person in the Sen nisation/Enterprise) /year]till [i	ding Institution and t	the respons	
Detailed prog	itle: gramme of the tra kills and compete	Planned p	mature by the stud	ent, the responsi Orgar ty: from [month	ible person in the Sen nisation/Enterprise) /year]till [i	month/year]hours per week:	the respons	
Detailed prog	itle: gramme of the tra kills and compete	Planned p	mature by the stud	ent, the responsi Orgar ty: from [month	ible person in the Sen isation/Enterprise) /year]	month/year]hours per week:	the respons	
Detailed prog	itle: gramme of the tra kills and compete	Planned p	mature by the stud	ent, the responsi Orgar ty: from [month	ible person in the Sen isation/Enterprise) /year]	month/year]hours per week:	the respons	
Detailed prog	itle: gramme of the tra kills and compete	Planned p	mature by the stud	ent, the responsi Orgar ty: from [month	ible person in the Sen isation/Enterprise) /year]	month/year]hours per week:	the respons	
Detailed prog Knowledge, s Monitoring p Evaluation pl	ramme of the tra kills and compete lan: an:	Planned p Planned p ineeship period:	eriod of the mobili	Organ ty: from [month]	ible person in the Sen isation/Enterprise) /year]	month/year]	the respons	
Detailed prog	ramme of the tra kills and compete lan: an:	Planned p Planned p ineeship period:	eriod of the mobili	Organ ty: from [month]	tible person in the Sen issation/Enterprise) /year]	month/year]	the respons	

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* at the Sending Institution					
Supervisor® at the Receiving Organisation					
Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		

Learning Agreement Student Mobility for Traineeships

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 nam	e ⁵ ; email; phone
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	ES Kacavolu üzeci. Bakuköv. 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmı 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
- IL								
		Name	Faculty/ Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person nam	e ⁵ ; email; phone
	Sending Institution	İstanbul Kültür. University		TR ISTANBU19	ES Karavolu üzeri. Bakuköv. 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmı 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		

During the Mobility

Table 42 - Fo	xceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise			
	ature by the student, the responsible person in the Sending Institution and the responsible person in the Seceivi			
(to be approved by a man or agen	Organisation/Enterprise)			
Planned per	riod 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	d by the end of the traineeship (expected Learning Outcomes):			
nnowledge, skills and competences to be acquired	r by the end of the transcessip (expected coaring outcomes):			
Monitoring plan:				
Evaluation plan:				
art date and end date of traineeship: from [da	y/month/year] to [day/month/year]			
1	,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
Traineesis, 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- 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 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					
	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:	JL				
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]	to [day/month/year]				
Traineeship title:					







Learning Agreement Student Mobility for Traineeships

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

Ð.								
	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 nam	e ⁵ ; email; phone
	Sending Institution	İstanbul Kültür University		TR ISTANBU19	ES Karavolu üzeri. Bakuköv. 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasmı 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		

During the Mobility

(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]	Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise				
Planned period of the mobility: from [month/year]	(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				
Traineeship title: 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]	Organisa	Organisation/Enterprise)			
Traineeship title: 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]					
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]	Planned period of the mobility: from [month/ye	ear] till [month/year]			
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]	Traineeship title: N	umber of working hours per week:			
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]	· ·				
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]	Detailed programme of the traineeship period:				
Monitoring plan: Evaluation plan: Start date and end date of traineeship: from [day/month/year]	Detailed programme or the transcent person				
Monitoring plan: Evaluation plan: Start date and end date of traineeship: from [day/month/year]					
Monitoring plan: Evaluation plan: Start date and end date of traineeship: from [day/month/year]					
Monitoring plan: Evaluation plan: Start date and end date of traineeship: from [day/month/year]	Knowledge, skills and competences to be acquired by the end of the traineeshin (eyn	acted Learning Outcomes):			
Evaluation plan: Start date and end date of traineeship: from [day/month/year] to [day/month/year]	to overlage, axino and competences to be acquired by the time of the traineesing (exp	construction continues.			
Evaluation plan: Start date and end date of traineeship: from [day/month/year] to [day/month/year]					
Evaluation plan: Start date and end date of traineeship: from [day/month/year] to [day/month/year]	Monitoring plan:				
Start date and end date of traineeship: from [day/month/year] to [day/month/year]	•				
Start date and end date of traineeship: from [day/month/year] to [day/month/year]					
Start date and end date of traineeship: from [day/month/year] to [day/month/year]					
	Evaluation plan:				
	Stort data and and data of trainauchins from (day/month/socs) to (day	/month/social			
Trainagabin titla	Start date and end date of traineesnip: from [day/montn/year] to [day	//month/year)			
	Western Advantage				
nameeanp due.	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 comply with all the arrangements agreed by all parties. The trainee and Receiving Organisation/Enterprise will communicate to the Sending Institution 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.

Il	The institution undertakes to respect all the principles of the charities charter for higher coacation 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			

rine institution undertakes to respect all the principles of the Erasmus Unarter 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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Learning Agreement Student Mobility for Traineeships

Higher Education: earning Agreement form Student's name Icademic 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 nam	e ⁵ ; email; phone
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu üzeri. Bakuköv. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmı uib@iku. +90 212 4	
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		

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			

	Higher Educatio
	Learning Agreement for
	Student's nar
smus+	Academic Year 20/20

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

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		
Institution	Altıntaş	u.edu.tr	Coordinator		

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.

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.





Learning Agreement Frasmus+ Student Mobility for Traineeships Higher Educations Higher Educations Learning Agreement orm 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 nam	e ⁵ ; email; phone	
Sending Institution	İstanbul Kültür. University		TR ISTANBU19	E5 Karavolu. üzed. Bakuköv. 34158 Istanbul	TR	Seçkin Taygun Altıntaş (Erasmus Institutional Coordinator <u>uib@iku.edu.tr</u> +90 212 498 41 41 ext. 4466		
Receiving Organia tion	Name	Department	Address; website	Country	Size	Contact person" name: position; e-mail; phone	Mentor' name; position; 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	g Organisation/Enterprise:
Sector of the Receivin	g Organisation/Enterprise:
Address of the Receivi	ing Organisation/Enterprise [street, city, country, phone, e-mail address], website:
Start date and end dat	te of traineeship: from [day/month/year] to [day/month/year]
Traineeship title:	
Knowledge, skills (inte	ellectual and practical) and competences acquired (achieved Learning Outcomes):
Evaluation of the train	nee:
	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	ES Kacavolu üzeci. Bakuköv. 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 name; position; e-mail; phone e-mail; phone	
/Enterprise					□ < 250 employees □ > 250 employees		





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 nan	ne ⁵ ; email; phone
Sending Institution	İstanbul Kültür. University	·	TR ISTANBU19	E5 Kacavolu. üzeri. Bakukov. 34158 İstanbul	TR	Seçkin Taygun Altıntaş (Erasm <u>uib@iku</u> +90 212 4	
Receiving Organisation	Name	Department	Address; website	Country	Size	Contact person" name: position; e-mail; phone	Mentor' name; position; e-mail; phone
rganisation /Enterprise					□ < 250 employees □ > 250 employees	,,	
to he of the	rainee: Receiving Organis Receiving Organis	ation/Enterprise:		Certificate by th	e Receiving Organis	ation/Enterprise	
Sector of the	Receiving Organis	ation/Enterprise: ation/Enterprise	:		e Receiving Organis all address], website		
Sector of the Address of th	Receiving Organis Receiving Organis e Receiving Organ	ation/Enterprise: ation/Enterprise: nisation/Enterpris	: e [street, city, cour	ntry, phone, e-ma		£	
Sector of the Address of th	Receiving Organis Receiving Organis e Receiving Organ d end date of train	ation/Enterprise: ation/Enterprise: nisation/Enterpris	: e [street, city, cour	ntry, phone, e-ma	ail address], website	£	
Sector of the Sector of the Address of th Start date an	Receiving Organis Receiving Organis e Receiving Organ d end date of train ttle:	ation/Enterprise: ation/Enterprise: nisation/Enterpris neeship: from [c	: e [street, city, cour	ntry, phone, e-ms	ail address], website day/month/year]	£	
Sector of the Sector of the Address of the Start date and Fraineeship to Detailed programmer.	Receiving Organis Receiving Organis e Receiving Organ d end date of train title:	ation/Enterprise: hatior/Enterprise: histion/Enterprise heeship: from [o	e [street, city, cour lay/month/year]	to [c	ail address], website day/month/year]	E	

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:
evaluation of the trainee.





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

	Date:
١	
	Name and signature of the Supervisor at the Receiving Organisation/Enterprise:
١	

-						
	Commitment	Name	Email	Position	Date	Signature
	Trainee			Trainee		
	Responsible person* at the Sending Institution					
	Supervisor ⁶ at the Receiving Organisation					
	Erasmus Institutional Coordinator at the Sending	Seçkin Taygun	s.altintas@ik	Institutional		
	Institution	Altıntaş	u.edu.tr	Coordinator		

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.





ÖDEMELER

-İLK ÖDEME %80 (GİTMEDEN ÖNCE)

-İKİNCİ ÖDEME %20 (DÖNDÜKTEN SONRA/ DÖNÜŞ BELGELERİNİN TESLİMİ SONRASI VE ONLINE ANKETİ DOLDURDUKTAN SONRA)

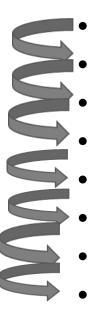




HİBE - DUYURU SÜRECİ

- Öğrenci başvurularının alınması

ikü'nün Ulusal Ajans'a başvurması
Ulusal Ajans'ın sonuç duyurusu
AB ile Türkiye arasındaki yıllık katkı anlaşmasının imzalanması
ikü ile Ulusal Ajans arasında hibe sözleşmesinin imzalanması
Hibenin İkÜ hesabına aktarılması
ikü'de Bütçe çalışması
Öğrencilere Duyuru Önemli Not: Üniversitemizde hibelerin etkin kullanımı ve daha fazla öğrencimizin hibelerden yararlanabilmesi için partner üniversitelerin akademik takvimlerinden bağımsız olarak hibelendirmeler maksimum 2 ay yapılacaktır.







ORIENTATION PROGRAM

2021-2022 PROJE DÖNEMİ

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 PROJE DÖNEMİ

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
3. Grup Program Ülkeleri	Bulgaristan, Çek Cumhuriyeti, Estonya, Hırvatistan, Letonya, Litvanya, Macaristan, Kuzey Makedonya, Polonya, Romanya, Sırbistan, Slovakya, Slovenya, Türkiye	300	400



Bütün belgelerin temini için;

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TEŞEKKÜR EDERİZ

