LEARNING AGREEMENT FOR TRAINEESHIPS
FOR NON ERASMUS STUDENTS
ACADEMIC YEAR 2023/2024

Student’s family name: ___________________________ First name: ___________________________

E-mail address: _________________________________

Name sending institution (in local language): ____________________________________________

University code (if known): ___________________________ City & country: _______________________________

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Receiving institution: Radboud University

University code: NL NIJMEGE01 City & country: Nijmegen, The Netherlands

Field of study at receiving institution: ___________________________________________________________

Period of study: __________________________________________________________

from: _____ (day) / _____ (month) / _____ (year)

to: _____ (day) / _____ (month) / _____ (year) Number of months: ___________________________

Traineeship title

________________________________________
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Program of traineeship period

________________________________________
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If necessary, continue this list on a separate sheet

The receiving organisation - Insurance

The trainee is covered by an accident insurance while performing activities for the traineeship at
Radboud University. This includes coverage for travels abroad for traineeship purposes.
The trainee is covered by a liability insurance while performing activities for the traineeship at
Radboud University.

Please note the trainee is responsible for arranging sufficient health insurance, and for additional
travel and liability insurance for all situations not covered by the insurances Radboud University
provides. Please check the following website for a checklist and more information:
www.ru.nl/insurances
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FOR NON ERASMUS STUDENTS
ACADEMIC YEAR 2022/2023

Student’s signature: __________________________  Date: ________________________________
Student’s family name: ______________________  First name: ____________________________

SENDING INSTITUTION
We confirm that the proposed programme of study/learning agreement is approved.
Departmental coordinator’s signature:
_________________________________________  Date: ________________________________

RECEIVING INSTITUTION: RADBOUD UNIVERSITY (NL NIJMEGE01)
We confirm that the proposed programme of study/learning agreement is approved.
International Office coordinator’s signature:
_________________________________________  Date: ________________________________