***Annex No. 4 to the Regulation***

**FORM**

**Verification of learning outcomes at the end of a short-term academic mobility**

1. **INFORMATION ON COMPLETED MOBILITY**

*To be filled in by the Project Team*

|  |  |
| --- | --- |
| Full name of the Participant |  |
| Has the Project Participant provided a certificate or another document confirming participation in the mobility and/or confirming the acquired competencies?  | ☐ Yes ☐ No  |
| Has the selected form of short-term academic mobility support been implemented? | ☐ Yes ☐ No  |
| Has the planned total number of mobility days been completed? | ☐ Yes ☐ No  |

1. **LEARNING OUTCOMES, THE ACHIEVEMENT OF WHICH HAS BEEN CONFIRMED USING SELECTED METHODS OF VERIFICATION**

*To be filled in by the Evaluation Specialist*

|  |  |
| --- | --- |
| Knowledge |  |
| Skills |  |
| Social Competences |  |

|  |  |  |
| --- | --- | --- |
|  ………………………………………  Project Coordinator ……………………………………… Date  |  | ……………………………………… Project Participant………………………………………Date |