

LEARNING AGREEMENT FOR TRAINEESHIPS

The Trainee

Last name (s)	Sahbafard	First name (s)	Arash
Date of birth	10-08-1994	Nationality ¹	IR
Sex [M/F]	М	Academic year	2021/2022
Study cycle ²	EQF level 8	Subject area, Code ³	0713
Phone	+43 677 63974752	E-mail	arash.sahbafard@silicon- austria.com

The Sending Institution

Name	Johannes Kepler Universität Linz	Faculty	Law
Erasmus code (if applicable)	ALINZ01	Department	International Office
Address	Altenberger Straße 69 4040 Linz	Country, Country code ⁴	AT
Contact person name	Ms. Esther Wöckinger	Contact person E-mail / phone	esther.woeckinger@jku.at +43 732 2468 3207

The Receiving Organisation/Enterprise

Name	Eurecom	Department	Communication System
Sector ⁵	85		
Address and website	Campus SophiaTech, 450 Route des Chappes, 06410 Biot,France/https://www.eurecom.fr	Country	France
Size of enterprise ⁶	51-500	Region ^I	FR 8
Contact person ⁷ name / position	Sarah DAHAN /Human Resources Assistant	Contact person e-mail / phone	Sarah.Dahan@eurecom.fr +33 4 93 00 81 83
Mentor ⁸ name / position	Florian Kaltenberger/Associate Professor	Mentor e- mail / phone	florian.kaltenberger(at)eurecom.fr +33 (0)4 93 00 81 86



Higher Education Learning Agreement form Trainee's name: Sahbafard Arash

Type of Organisation ^{II}	RES	Profit or Non-Profit	Non-profit
Private or Public	Public		

For guidelines, please look at Annex 1, for end notes please look at Annex 2.

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility:		
from [dd /mm/yyyy] 11/10/2021 till [dd /mm/yyyy] 11/12/2021		
It is a full time traineeship (mandatory): Yes		
Number of working hours per week: 35		
Traineeship title:		
OAI based 5G testbed devolpment		
Detailed programme of the traineeship period:		
Weeks Tasks Description		
1-2 OAI code structure understanding Learning the code structure of OAI for 5G		
standalone RAN and Core		
3-4 mini slot scheduling Design to incorporate mini slot scheduling following current		
development structure		
5-6 mini slot scheduling implementation Implementation attempt to incorporate		
mini-slot scheduling		
7-8 Testing and evaluation Testing, evaluation, and refinement of the implemented		
procedures		
Knowledge, skills and competences to be acquired by the trainee at the end of the		
traineeship:		
Deep understanding of OAI code structure and mini slot implimetation		
Monitoring plan:		
The weekly reports would be prepraed of the process of learning.		
Evaluation plan:		
Testing, evaluation, and refinement of the implemented procedures.		





Higher Education Learning Agreement form

Trainee's name: Sahbafard Arash

Language competence of the trainee			
The level of language competence ⁹ in English <i>[workplace main language]</i> that the trainee already has or agrees to acquire by the start of the mobility period is: A1 A2 B1 B2 C1 C2 Ø			
The sending institution			
The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.			
[Please fill in only one of the following boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.]			
The traineeship is <u>embedded in the curriculum:</u> Yes ☐ No ☒			
If YES: Upon satisfactory completion of the traineeship, the institution undertakes to:			
Award ECTS credits.			
Give a grade based on: Traineeship certificate Final report Interview			
Record the traineeship in the trainee's Transcript of Records.			
Record the traineeship in the trainee's Diploma Supplement (or equivalent).			
■ Record the traineeship in the trainee's Europass Mobility Document: Yes □ No ☒ ■ No ☒			
The traineeship is <u>voluntary</u> : Yes ⊠ No □			
If YES: Upon satisfactory completion of the traineeship, the institution undertakes to:			
Award ECTS credits. Yes □ No ☒ If yes, please indicate the number of ECTS 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), except if the trainee is a recent graduate. 			
• Record the traineeship in the trainee's Europass Mobility Document: Yes \(\subseteq \) No \(\subseteq \) This is recommended if the trainee will be a recent graduate.			





Higher Education Learning Agreement form

Trainee's name: Sahbafard Arash

The receiving organisation/enter	rprise			
The trainee will receive a financial support for his/her traineeship: Yes \square No \boxtimes If yes, amount in EUR/month:				
The trainee will receive a contribution in kind for his/her traineeship: Yes \square No \boxtimes If yes, please specify:				
Is the trainee covered by the accident insurance? Yes ☒ No ☐ If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes ☐ No ☐ 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 ☐				
Is the trainee covered by a liability in				
	e undertakes to ensure that appropriate equipment and			
	the organisation/enterprise undertakes to issue a aximum 5 weeks after the traineeship].			
II. RESPONSIBLE PERSONS				
Responsible person ¹⁰ in the send Name: Mag. Esther Wöckinger Function: Student Exchange Coordin Phone number: +43 732 2468 3207 E-mail: esther.woeckinger@jku.at Responsible person ¹¹ in the rece Name: Florian Kaltenberger Function: Associate professor Phone number: +33 493008186 E-mail: florian.kaltenberger@eureco	ator iving organisation/enterprise (supervisor):			



Higher Education Learning Agreement form *Trainee's name: Sahbafard Arash*

Responsible person 11 in the receiving organisation/enterprise (supervisor):

Name: Florian Kaltenberger Function: Associate Professor Phone number: +33493008186

E-mail: florian.kaltenberger@eurecom.fr

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed 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.

any problem or changes regarding the traineesing periodi			
The trainee			
Trainee's signature A. Sahbafard		26-8-2021	
The receiving organisation (enterprise du 23 septembre 19	967		
Campus Sophia Tech 450 route des Chappes - 06410 BIOT 450 route des Chappes - 06410 BIOT 50193 - F-06904 Sophia-Antipolis Cedes 61 + 38 4 93 00 81 00 - Fax +33 4 93 00 82 0 RCS Antibes 383 181 575 - APE 8542Z Responsible person's stamp and Figure 409 575 00028	00	26-8-2021	
Responsible person's stamp and signature	Date:	15-9-2021	
7.2. 01110			