SHORT TERM SCIENTIFIC MISSION (STSM) SCIENTIFIC REPORT

This report is submitted for approval by the STSM applicant to the STSM coordinator

Action number:

STSM title:

STSM start and end date: DD/MM/YYYY to DD/MM/YYYY

Grantee name:

Grantee home institution:

Host name:

Host institution:

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| **PURPOSE OF THE STSM** |
| (max.200 words) Applicant enters 200 word summary here.  |

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| **DESCRIPTION OF WORK CARRIED OUT DURING THE STSM** |
| (max.500 words) Applicant enters 500 word summary here.  |

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| **DESCRIPTION OF THE MAIN RESULTS OBTAINED**(max. 500 words) |
| Applicant enters 500 word summary here.  |

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| **FUTURE COLLABORATIONS (if applicable)**(max. 500 words) |
| Applicant enters 500 word summary here.  |