VIRTUAL MOBILITY (VM) GRANT

SCIENTIFIC REPORT

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

Action number:

VM title:

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

Grantee name:

Grantee home institution:

Host name:

Host institution:

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

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

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

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