**COST MP1207 – STSM Short Scientific Report**

Name of the grantee:

Home Institution:

Host Institution:

Duration of stay: from to

Purpose of the STSM:

Description of the work carried out during the STSM:

Description of the main results obtained:

Future collaboration with the host institution (if applicable):

Foreseen publications/articles resulting from the STSM (if applicable):

Other comments (if any):

Date: Signature of the grantee

Confirmation by the host institution of the successful execution of the STSM:

Date: Signature and stamp of the  
 host institution