**Applicant’s Name:**

**Title of the STSM:**

**STSM reference number: XXXXXXXXXXXXX**

**Period:**

**Host supervisor and institution:**

1. **Purpose of the STSM.** (250 words maximum)
2. **Description of the work carried out and main results achieved during the STSM** (1000 words maximum)
3. **Future collaboration with the host institution (if applicable)** (250 words maximum)
4. **Foreseen publications/articles resulting or to result from the STSM (if applicable) (if applicable)**
5. **Other comments (if any)** (250 words maximum).
6. **Confirmation by the host institution of the successful execution of the STSM;**

 ***(it must be a separate document signed by the Host formally approving the scientific report)***

**IMPORTANT:**

* **The grantee is required to submit the scientific report to the STSM Manager:** **mutalig.stsm@gmail.com** **for approval within 30 days after the end of the STSM.**
* **The failure to submit the scientific report within 30 days will cancel the grant;**
* **The STSM coordinator is responsible for approving the scientific report and informing the Grant Holder that the STSM has been successfully accomplished;**
* **After receipt of the approval by email, the Grant Holder will accomplish the payment of the grant.**