

**SHORT TERM SCIENTIFIC MISSION (STSM)**

**SCIENTIFIC REPORT**

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

**Action number**: CA17137

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| **STSM Title:** |  |
| **STSM Start date:** |  |
| **STSM End date:** |  |
| **Grantee Name:** |  |

**Purpose of the STSM (max 200 words):**

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**Description of work carried out during the STSM (max 500 words):**

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**Description of the main results obtained (max 500 words):**

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**Future Collaborations (if applicable):**

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**How the action has helped me in my research and personal comment about the STSM (max 200 words):**

**(we will publish this information in the webpage for outreach purposes)**

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