

 **“Title of STSM”**

**Scientific report**

**Name, affiliation of beneficiary**

***COST-STSM-TD1105-XXXXX (COST STSM Reference Number)***

***Host Institute: Name, place***

***From XX.XX.2014 to XX.XX.2015***

1. **Purpose of the STSM;**
2. **Description of the work carried out during the STSM**
3. **Description of the main results obtained**
4. **Future collaboration with host institution (if applicable)**
5. **Foreseen publications/articles resulting or to result from the STSM (if applicable)**
6. **Other comments (if any)**

Name, date, signature

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