**Scientific Report Short-Term Scientific Mission**

**(3-4 pages long)**

**To the STSM Coordinator of the COST Action CA15124 (NEUBIAS)**

Place, date: Town (Country), Day of Month of 201x

**Applicant name (First, Last):**

**Home Institution:**

**Host Institution:**

**STSM title:**

**Detailed explanation about how the STSM contribute to the Action CA15124:**

**Description of the work carried out during the STSM (Max 300 words):**

**Description of the main results obtained:**

**Mutual benefits for the Home and Host institutions:**

**Future collaboration with the Host institution (if applicable):**

**Foreseen publications/articles or conference presentations expected to result 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