

## CGU Stella Junior 2020

*Mobility and training programme for students*

### FINAL HOST DEPARTMENT'S REPORT

*To be completed by the internship tutor at the host department  
(please, complete one report per mobility)*

[Host University]

#### DATA OF HOST DEPARTMENT

<b>Offer code:</b>			
<b>Name of department:</b>			
<b>Responsible/monitor of mobility</b>	<b>Name and surname:</b>		
	<b>Position:</b>		
	<b>Telephone:</b>		
	<b>E-mail:</b>		

#### DATA OF THE STUDENT

<b>Name and surname:</b>			
<b>Home department:</b>			
<b>Home University:</b>			
<b>Dates of the mobility:</b>	<b>From</b> (day/month/year) <b>to</b> (day/month/year)		

Please, indicate your assessment of the mobility using the scale from 1 to 4, being:  
**1 – Insuficient; 2 – Suficient; 3 – Good; 4 – Very good**

#### LOGISTICS AND MANAGEMENT OF MOBILITY BY THE BENEFICIARY

	1	2	3	4
<b>1. Interest on mobility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Management of mobility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. Integration into the dynamic of the host working group

   

4. Commitment to implement the programme during the mobility

   

#### CURRICULAR PROFILE OF BENEFICIARY

5. Adequacy of curricular profile to the placement

   

6. Linguistic and communication skills

   

7. Adequacy of field and category of studies

   

8. Adequacy of experience/field of work

   

#### OTHER ASSESSMENTS

9. Please, list the carried out activities and how they contributed to the host department's experience (maximum 250 characters).

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**10. Positive aspects and aspects to be improved in the mobility** (maximum 250 characters).

**11. Positive aspects and aspects to be improved in the programme STELLA Junior** (maximum 250 characters).

**12. Would your department repeat the experience in future editions? Explain the reasons**

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**13. As host, would you recommend the experience to other departments of your University?  
Explain the reasons.**

**Date:**

**Signature of responsible for the mobility:**

**Institutional seal:**

*A scanned copy of this form should be sent to the Compostela Group of Universities ([grupo.compostela@usc.es](mailto:grupo.compostela@usc.es)) at the end of the mobility.*