

## CGU STELLA Junior 2018

*Programa de movilidad profesional para estudiantes*

### MOBILITY REPORT

*To be filled in English or Spanish*

**Name and Surname:**

**Name of your home University:**

**Country:**

**Name of the host University:**

**Country:**

**Host department:**

**Period of the stay:** (day/month/year)

Please, fill this assessment report form regarding your participation in the Programme, using a scale from 1 to 4:  
**1 – Inadequate; 2 – Sufficient; 3 – Good; 4 – Very good**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>1. Assistance for management of mobility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Reception and stay</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Organisation of the training</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Exchange of experiences</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Communication with the staff at the host university</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Acquiring new skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Briefly report on the activities carried out at the host university and how you benefited from the experience.**

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**7. Impressions on the programme: Positive aspects and aspects to be improved.**

**8. Would you like to repeat the experience?**

**Date:**

**Signature:**

**A scanned copy of this document must be send to the Compostela Group of Universities ([grupo.compostela@usc.es](mailto:grupo.compostela@usc.es)) once the mobility completed, together with the documentation indicated in point 5.1 of the present call of the programme.**