

CGU STELLA JUNIOR 2024

Mobility and training programme for students

AGENDA

DATA OF THE BENEFICIARY OF THE GRANT

Name and surname	
Home university	
Host department	
Host university	
Code of the placement offer	
Mobility period	From _____ to _____

DATA OF THE PERSON RESPONSIBLE FOR MOBILITY

Name and surname	
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Only fill in the boxes corresponding to the number of days of your mobility. I.e. if your mobility is for 2 weeks, you only have to fill in the information up to the second week.

Week 1 of mobility	Dates	
	Activities carried out	
Week 2 of mobility	Dates	
	Activities carried out	
Week 3 of mobility	Dates	
	Activities carried out	
Week 4 of mobility	Dates	
	Activities carried out	
Week 5 of mobility	Dates	
	Activities carried out	

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Week 6 of mobility	Dates	
	Activities carried out	
Week 7 of mobility	Dates	
	Activities carried out	
Week 8 of mobility	Dates	
	Activities carried out	
Week 9 of mobility	Dates	
	Activities carried out	
Week 10 of mobility	Dates	
	Activities carried out	
Week 11 of mobility	Dates	
	Activities carried out	
Week 12 of mobility	Dates	
	Activities carried out	

Date:

Signature of the beneficiary of the grant:

Signature of the person responsible for mobility: