……………………………………………. Lodz , …………………………………

*(Stamp of Interdisciplinary Doctoral School*

*of Lodz University of Technology)*

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| **REPORT ON THE IMPLEMENTATION OF THE MOBILITY** | | |
| **DOCTORAL CANDIDATE’S DATA** | |
| NAME AND SURNAME |  |
| COUNTRY, CITY |  |
| HOST INSTITUTION (FULL NAME OF THE HOST INSTITUTION) |  |
| THE DATES OF THE MOBILITY |  |
| SOURCE OF FINANCING |  |
| NUMBER OF DAYS OF MOBILITY |  |
| SUPERVISOR OF DOCTORAL DISSERTATION AT TUL (academic title, name and surname) |  |
| **Please list the effects / results of the mobility (e.g. published scientific articles prepared jointly with the project partners, improved qualifications, type of research/activities realized during the mobility, etc.)** | |
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| *DATE* | *COMMENTS* | *LEGIBILE SIGNATURE OF PhD CANDIDATE* |
| *DATE* | *COMMENTS* | *LEGIBILE SIGNATURE OF THE SUPERVISOR* |
| *DATE* | *COMMENTS* | *LEGIBILE SIGNATURE OF THE SECOND SUPERVISOR/*  *AUXILIARY SUPERVISOR* |