Logo of the home University Logo of the host University

**SGroup InterContinental Academic Exchange Programme – ICON**

**End of Mobility Report**

First name and surname:

Position:

Work area / field of teaching, research:

Name of Home University:

Name of Host University:

Dates of mobility: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Overall objectives of the mobility period (max. 500 characters)
2. Detailed description of the activities performed in each day

|  |  |  |
| --- | --- | --- |
| **Mobility Day** | **Date** | **Activities and Achievements** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| (add more days if necessary) |  |  |

1. Evaluation of the experience and role of the host University

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How would you rate the support before the mobility?** | | | | |
|  | Excellent | Good | Satisfactory | Poor |
| Information about the city and local events |  |  |  |  |
| Information about the university |  |  |  |  |
| Efficiency in answering questions or reacting to doubts |  |  |  |  |
| Preparation and sending of needed documents |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How well do you think the mobility was organized?** | | | | |
| Very well | Well | Average | Somewhat poor | Poor |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General evaluation of your stay during the mobility, regarding the following aspects:** | | | | |
|  | Excellent | Good | Satisfactory | Poor |
| Interest of the proposed activities during the mobility |  |  |  |  |
| Provided information |  |  |  |  |
| Share of knowledge and experiences |  |  |  |  |
| General organization |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expected future collaboration in terms of the following initiatives:** | | | | |
|  | Excellent | Good | Satisfying | Poor |
| Joint projects |  |  |  |  |
| Research |  |  |  |  |
| Education |  |  |  |  |
| Partnerships |  |  |  |  |

1. Benefits for the participant
2. Benefits for both Institutions
3. Benefits for SGroup
4. Would you recommend this experience to other participants?

* Yes
* No

1. Would you be interested in repeating this experience in the future?
2. Any other comments
3. Photos
4. Would you like to participate in future dissemination activities of the ICon Programme?

* Yes
* No

Date and signature