**Annex No. 3 to the Regulations**

**SHORT-TERM ACADEMIC MOBILITY REPORT**

1. **INFORMATION ON A PLANNED MOBILITY**

*To be filled in by the Project Office*

|  |  |
| --- | --- |
| Full name of the Participant |  |
| Completed form of short-term academic mobility support |  |
| Name of the host institution and/or title and organizer of the event |  |
| Duration of the short-term academic mobility (number of days) |  |

1. **THE LEARNING OUTCOMES THAT WERE OBTAINED DURING THE SHORT-TERM ACADEMIC MOBILITY**

*To be filled in by the Project Participant*

|  |  |
| --- | --- |
| Knowledge |  |
| Skills |  |
| Social Competences |  |

1. **INFORMATION ON DOCUMENTS CONFIRMING THE ACQUISITION OF COMPETENCIES** *(if applicable)*

|  |  |
| --- | --- |
| Document confirming the acquisition of competencies  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | ……………………………………… Project Coordinator………………………………………Date  |   | ……………………………………… Project Participant………………………………………Date  |