|  |
| --- |
| **Researchers at Risk Fellowship – Ukraine***Report on Results and Outputs of the Researcher Involvement* |
| **CAS Registration number:** |  |
|  |
| **Researcher’s full name:** |  |
| **Category of researcher:** | *Choose Category of Researcher* |
| **Receiving CAS Institute:** | *Choose a CAS Institute* |
| **Supervisor’s full name:** |  |
|  |
| **Estimated duration of the project/activities:** | From: *Click and pick the date* To: *Click and pick the date* |
| **Actual duration of the project/activities:** | From: *Click and pick the date* To: *Click and pick the date* |
| **In case of earlier termination of the Fellowship, please describe details that led to ending the Fellowship earlier:** |  |
| **Required personal costs stated at the Application form:** |  |
| **Actual personal costs obtained via call No. 30/2022 Researchers at Risk Fellowship – Ukraine 2022:** |  |

**OVERVIEW OF REALIZED RESEARCH INVOLVEMENT**

**Please describe research project/activities that the researcher realized during her/his involvement at the CAS Institute**

*(max. 1000 words)*

**ADDED VALUE OF COOPERATION WITH THE UKRAINIAN RESEARCHER**

**Are you considering continuing the cooperation with the Ukrainian researcher in the future?**

Yes [ ]  No [ ]

If YES, please provide us with more details.

*(max. 250 words)*

**SIGNATURE OF THE CAS INSTITUT DIRECTOR**

|  |  |
| --- | --- |
| **Director’s full name incl. degree(s):** |  |
| **CAS Institute:** | *Choose a CAS Institute* |
| **Email address:** |  |
|  |
| **Date of the signature:** |  |
| **Signature of the CAS Institute Director:** |  |