

**INTERIM CONCLUSION *(delete as appropriate)* REPORT ON SCHOLARSHIP WORK DONE UNDER THE "A MONTH IN POLAND" PROGRAMME**

**TO BE COMPLETED BY THE JULIUSZ MIEROSZEWSKI CENTRE FOR DIALOGUE**

Date and place of submission of the report:

Report number:

\* \* \* \* \*

**TO BE COMPLETED BY THE SCHOLARSHIP RECIPIENT**

**Personal information:**

Full name

Click or press here to enter text.

Address of residence (Street, house or apartment number, city, postal code, country)

Click or press here to enter text.

**Details of the scholarship agreement**

Contract number: Click or press here to enter text.

Date of agreement: Click or press here to enter text.

Reporting period: Click or press here to enter text.

**Detailed description of the completed scholarship programme**

Click or press here to enter text.

**Information on the work done under the scholarship programme and its methodology**

Click or press here to enter text.

**Information on the results of the scholarship programme, or explanation why the intended results of the scholarship programme have not been achieved:**

Click or press here to enter text.

**Other relevant information about work done under scholarship programme**

Click or press here to enter text.

**List of relevant attachments**

Click or press here to enter text.

**Place, date and signature of the scholarship recipient**

Click or press here to enter text.