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| **Researchers at Risk Fellowship Programme** *Final Report on Results and Outputs of the Researchers at Risk Fellowship for a whole implementation (2022-2023)* |
| *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:* |  |
| *Specification of the amount of the researcher’s working time incl. its change during a fellowship:* |  |
| *Required personal costs stated at the Application form:* |  |
| *Actual personal costs provided by the CAS grant:*  | *2022* | *2023* |
|  |  |

**OVERVIEW OF REALIZED FELLOWSHIP**

**Please describe research project/activities that the researcher realized incl. results he/she achieved 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 [ ]

Please provide us with more details in either case.

*(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:** |  |