|  |
| --- |
| **Data sheet for the middle term verification concerning the use of research grant funding** |

Grant Holder: Surname and Name Born: date of birth

Project Title:

Duration of the Project: months starting date of the project:

Project Supervisior: Surname and Name …...

Macro area: 1 Area 02 Physics Science

Dipartimento di Fisica e Astronomia “G. Galilei”

To be attached to this form:

 1 Brief Report of the activity (max 4 pages)

 2 Project results obtained with reference to the proposed objectives (max 1 page)

 3 List of scientific pubblictions and partecipation at conferences

 4 Actitivies planned for the second year (max 2 pages)

Evaluation and signature of the Supervisior: (very positive, positive, satisfactory, partially satisfactory, unsatisfactory)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation and signature of the Head of the Department: (very positive, positive, satisfactory, partially satisfactory, unsatisfactory)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of the researcher