Name of the recipient of the project OP VVV	Univerzita Karlova
Registration number of project OP VVV	CZ.02.2.69/0.0/0.0/19_073/0016935

Final report on activities

Name of the student grant	PLEASE INSERT THE COMPLETE TITLE OF THE GRANT
Registration number of student grant	PLEASE INSERT THE COMPLETE NUMBER OF THE GRANT
Name and surname of the head researcher	PLEASE INSERT THE COMPLETE NAME AND SURNAME OF THE HEAD RESEARCHER

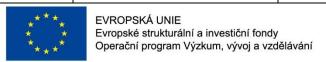| Timetable of student grant			
Start of implementtion	PLEASE INSERT THE COMPLETE START DATE OF THE GRANT	End of implementation	PLEASE INSERT THE COMPLETE END DATE OF THE GRANT

Summary of implementation of student grant (head researcher), outputs and research/educational activities abroad*

* Summary includes activities implemented by all members of the implementation team)
* Includes outputs and research and educational activities implemented by all members of the research team

YOU SHOULD EVALUATE WHETHER SET GOALS, PLANNED OUTPUTS AND ACTIVITIES ABROAD OF THE PROJECT HAVE BEEN MET. PLEASE BE ABRUPT BUT ACCURATE. BE PRECISE AND DO NOT JUST USE GENERAL PHRASING. INCLUDE OUTPUTS, RESEARCH AND EDUCATIONAL ACTIVITIES ABROAD OF ALL MEMBERS OF THE TEAM. IT IS A SUMMARY SO DON´T GO INTO TOO MUCH DETAIL. POINT OUT WHAT HAS BEEN ACHIEVED. PLEASE STATE THE NUMBER OF THE MONTHLY REPORT WITH ADDED ACKNOWLEDGEMENTS ETC. OUTPUTS (E.G. PUBLICATIONS) THAT HAVE NOT BEEN ADDED TO A MONTHLY REPORT SHALL BE ENCLOSED AS AN ATTACHEMENT TO THIS REPORT.

USE BETWEEN 500 AND 10.000 CHARACTERS.

Fulfillment of educational goals	Set educational goal	Evaluation of educational goals, reflection (utilization of gained knowledge)
Head researcher (name and surname)	COPY THE EDUCATIONAL GOAL	IT IS NOT A SUMMARY, EVALUATE WHAT HAS BEEN ACHIEVED. REFLECT UPON THE RESULTS AND HOW COULD THEY BE UTILIZATIED. BE ABRUPT BUT ACCURATE.
Researcher (name and surname)	CC	CC
Researcher (name and surname)	CC	CC
Researcher (name and surname)	CC	CC

EVROPSKÁ UNIE
Evropské strukturální a investiční fondy
Operační program Výzkum, vývoj a vzdělávání

MINISTERSTVO ŠKOLSTVÍ,
MLÁDEŽE A TĚLOVÝCHOVY

Researcher (name and surname)	CC	CC
Researcher (name and surname)	CC	CC
Researcher (name and surname)	CC	CC
Researcher (name and surname)	CC	CC
Researcher (name and surname)	CC	CC
Researcher (name and surname)	CC	CC

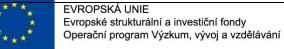| **Comment of mentor/mentors*** |
|---|
| ** Summary of mentored activities including assessment of implementation of grant, gained knowledge and outputs, recommendation for further/future student activity*
 * To be filled in by mentor/mentors |
| PLEASE BE ABRUPT BUT ACCURATE. BE PRECISE AND DO NOT JUST USE GENERAL PHRASING. THIS IS AN ASSESSMENT, NOT A DESCRIPTION WHAT HAS BEEN ACHIEVED. COMMENT UPON IMPLEMENTATION, GAINED KNOWLEDGE AND OUTPUTS. THE MENTOR SHOULD ASSESS THE FULFILMENT OF EDUCATIONAL GOALS OF ALL RESEARCHERS. PLEASE INCLUDE RECOMMENDATION FOR FUTURE STUDENT ACTIVITIES AS WELL.

 USE MAX BETWEEN 500 AND 5.000 CHARACTERS. |

(Name and surname)	**Role***	**Date**	**Signature/Approval**
*head researcher, mentor, other researcher, clerk that has the student grant competition on his/her agenda			

Evaluation of student grant by bodies of student grant competition).	
Do you consider all the outputs of the student grant, which have been determined in advance, to be be fulfilled (i.e. both minimal outputs and outputs set beyond the framework of minimal mandatory outputs) ? (YES/YES with objection/NO)	