**AARHUS UNIVERSITY**

**RESEARCH FOUNDATION**

**CVR NO. 10 46 61 05**

**REPORT FORM**

***To be sent to:*** [***auff@auff.dk***](mailto:auff@auff.dk) ***or***

***Aarhus University Research Foundation***

***Finlandsgade 14***

***8200 Aarhus N***

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| --- | --- | --- |
| 1 | Name of the grant recipient |  |
| 2 | Position  Education  Academic degrees |  |
| Current place of work and phone number |  |
| Place of work during the execution of the project |  |
| Private address and phone number |  |
| 3 | Names of other project participants, if any |  |
| 4 | Date of grant |  |
| File number |  |
| Title of the project (no more than 20 words) |  |
| 5 | Amount granted by the foundation | DKK  End of the grant (cf. Guidelines for the use of grants, section 2.3)  End date of the grant:  Expected end date of the grant: |

Page 1 of 2

|  |  |
| --- | --- |
| 6 | Summary of the progress and financial situation of the project:  A description of no more than 2 A4 pages may be attached.  Any completed publications must be attached. Publications completed after the reporting must be submitted separately, specifying the file number of the grant. |
| 7 | List of attachments, if any:    Description    Publications |
| 8 | The Aarhus University Research Foundation reserves the right to request that a grant recipient produces a short article on the results of his/her research for use in the preparation of the annual report of the foundation. |
| 9 | Date Signature |

Page 2 of 2