

Name of the Scientist (Fellow)	Type of the Fellowship	Year
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**THE SCIENTIFIC AND TECHNOLOGICAL RESEARCH COUNCIL OF
TURKEY (TUBITAK)
SCIENCE FELLOWSHIPS AND GRANT PROGRAMMES DEPARTMENT
(BİDEB)**

REPORT OF THE HOST*

To The Host :

- The Scientist (fellow) named above has done research in your lab/institution. We will appreciate it if you could kindly fill this form and return it to “TÜBİTAK-BİDEB Atatürk Bulvarı, No:221, 06100 Kavaklıdere, ANKARA-TURKEY” or give it back to the fellow in a sealed envelope.*

CONFIDENTIALITY: *Some of the information contained in this report and its attachments may be communicated to outside parties. Please identify any sections which can not be communicated and give your reasons for this.*

EVALUATION OF THE VISITOR

- How were you contacted by the visitor first?**

- By e-mail
- Met him/her in a meeting
- We have common acquaintance
- Had been in my lab/inst. before
- Other (please specify)

Duration of the visit :

TITLE/AREA OF RESEARCH CONDUCTED :

- Aim of the visit (engaging in research collaboration, using special facility equipment, learning new techniques etc) (please specify)**

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• **In your opinion, are the goals of the visit fulfilled?**

Yes No

If your answer is “No” please mark the boxes accordingly.

His/Her capacity of communication in a foreign language was not enough.

His/Her academic capabilities/background was poor.

His/Her ability to adapt to a new environment and culture was poor.

Other (please specify)

• **Do you have or expect any publication from the research/work done?**

Yes No

If your answer is “Yes” please specify

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• **Do you have any plans for future collaboration?**

Yes No

If your answer is “Yes” please specify

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• **Has the research/visit led to further collaboration and/or funding?**

Yes No

If your answer is “Yes” please specify

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• **Was the fellow supported financially by your institution?**

Yes No

If your answer is "Yes" please specify

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- Do you have other comments (positive/negative) on the programme and/or fellow? *

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ABOUT THE HOST

Name : **Surname** :

Title :

Field of interest :

Institution :

Correspondance address :

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Phone :

Fax : **e-mail** :

Date

Signature

..... / / 20.....

** Use additional pages if necessary*