**ANUAL REPORT**

**HUMAN CAPITAL DEVELOPMENT DEPARTMENT**

**NATIONAL AGENCY FOR RESEARCH AND DEVELOPMENT**

**AGENCIA NACIONAL INVESTIGACIÓN Y DESARROLLO - ANID**

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| 1. **GRANTEE’S INFORMATION** | | | |
| SELECT YOUR SCHOLARSHIP WITH AN X  DOCTORATE / PhD  MASTER  POSTDOCTORAL RESEARCH | | PROGRAM START DATE:  (day/month/year)  PROGRAM END DATE:  (day/month/year) | |
| GRANTEE’S NAME: | | RUT: | |
| PROGRAM’S NAME: | | UNIVERSITY: | |
| COUNTRY: | | CITY: | |
| 1. **SCHOLARSHIP RENEWAL INFORMATION** | | | |
| THIS REPORT SHOULD ACCOUNT ABOUT THE ACADEMIC ACTIVITIES CARRIED DURING THE LAST ACADEMIC YEAR. IF THE ACADEMIC YEAR HAS NOT ENDED, YOU MUST REPORT UNTIL THE DAY OF REPORT. | | | |
| PERIOD INFORMED: | FROM (DD/MM/YYYY): | | TO (DD/MM/YYYY): |
| **REPORT** | | | |
| **BRIEFLY DESCRIBE THE ACADEMIC ACTIVITIES UNDERTAKEN BY THE STUDENT DURING THE REPORTING PERIOD** (information related to areas of study, developments and progress on the research project; participation to seminars, congress or internships outside the country of studies; publications, etc.) This document must be signed by the Doctorate Program Director or tutor/thesis advisor. | | | |
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| **Signature of Program Director or tutor/thesis advisor** | **Grantee’s signature** |
| **Name:** | **Name:** |
| **Title:** |  |
| **E-Mail:** |  |

**Date (DD-MM-YYYY)**

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(\*) Signatures will be considered valid if they are manual in a scanned document or digital/electronic. **Cut and pasted signatures Will not be accepted.**