

European Federation of Catholic Universities
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**FUCE SCHOLARSHIP MOBILITY PROGRAMME
CERTIFICATE OF STAY 2025-2026**

Host institution

Mr/Ms _____

Function _____

University _____

Certifies that:

Mr/Ms _____

with passport number _____

has performed a stay in our institution from ____/____/____ *(dd/mm/yy)*

to ____/____/____ *(dd/mm/yy).*

Date ____/____/____

Signature and stamp of the host institution: