

European Federation of Catholic Universities
Fédération des Universités Catholiques Européennes
Federación de Universidades Católicas de Europa



**FUCE SCHOLARSHIP MOBILITY PROGRAMME
CERTIFICATE OF STAY 2023-2024**

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: