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**FUCE SCHOLARSHIP MOBILITY PROGRAMME
CERTIFICATE OF STAY 2026-2027**

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: