



**UNISERVITATE  
AWARD 2026**  
Service-Learning Experiences  
in Catholic Higher Education



Date and place: \_\_\_\_\_

As the highest authority of the institution .....

..... I endorse the

Experience / Institutional programme .....  
presented in this form by the responsible faculty member to participate in the call for the  
UNISERVITATE Award 2026.

Faculty member responsible

Full name:

\_\_\_\_\_

Position/s:

\_\_\_\_\_

E-mail

address \_\_\_\_\_

Type of national personal identification document:

\_\_\_\_\_

ID number:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

Authority of the institution

Full name:

\_\_\_\_\_

Position/s:

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

Type of national personal identification document:

\_\_\_\_\_



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ID number:

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SIGNATURE

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INSTITUTIONAL SEAL