

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:



ID number:

SIGNATURE

INSTITUTIONAL SEAL