



# CERTIFICATE

## for guest professor or scholarship holder

### Address in Sweden

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal code and city \_\_\_\_\_

### Address in the country of residence

Address \_\_\_\_\_

Postal code and city \_\_\_\_\_

Country \_\_\_\_\_

Passport no. \_\_\_\_\_

Duration of stay in Sweden      From: \_\_\_\_\_      To: \_\_\_\_\_

Signature: Scholarship (Fellowship) holder \_\_\_\_\_ Date \_\_\_\_\_

Signature and name in block letters: Head of department \_\_\_\_\_