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## **PROOF OF STAY**

### **Science without Borders Program**

**Host University/Institution**

**International Relations Officer/ Head of Unit / Advisor**

**Student**

**Field of Study/ Degree Course**

**Registration Date for the second term (Spring/Fall) at Host University**

**DATE: / /**

**SIGNATURE**

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**N.B.: This document must be sent to UFSCar International Relations Office by fax (+55 16 3361-2081) or by e.mail (srinter@ufscar.br) to ensure that the student has continued his/her studies at the host university/institution.**