



**FUCE SCHOLARSHIP MOBILITY PROGRAMME**  
**JOINING CERTIFICATE 2026-2027**

***Host institution***

*Mr/Ms* \_\_\_\_\_

*Function* \_\_\_\_\_

*University* \_\_\_\_\_

***Certifies that:***

*Mr/Ms* \_\_\_\_\_

*with passport number* \_\_\_\_\_

*has joined our institution on* \_\_\_\_/\_\_\_\_/\_\_\_\_ *(dd/mm/yy).*

*Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature and stamp of the host institution:*

to be sent to:  
contact@fuce.eu