



**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