



**FUCE SCHOLARSHIP MOBILITY PROGRAMME
JOINING CERTIFICATE 2025-2026**

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:
franck.violet@univ-catholyon.fr