

## TRANSCRIPT OF RECORDS

NAME OF SENDING INSTITUTION:		
Faculty/Department:		
ECTS departmental coordinator:		
Tel:	Fax:	e-mail:
NAME OF STUDENT:		first name:
Date and place of birth:		sex:
Matriculation date:		Matriculation number:
NAME OF RECEIVING INSTITUTION:		
Faculty/Department:		
ECTS departmental coordinator:		
Tel:	Fax:	e-mail:

Course Unit code (1)	Title of the course unit	Duration of course unit (2)	Local grade (3)	ECTS grade (4)	ECTS credits (5)
					Total:

(1) (2) (3) (4) (5) see explanation on back page

Diploma/Degree awarded:

Date

Signature of registrar/dean/administration officer

Stamp of institution