



# ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

## TRANSCRIPT OF RECORDS

**Academic Year** \_\_\_\_\_

**Field of Study** \_\_\_\_\_

<b>Name of Student</b>			
First name			
Date and place of birth			Sex:
Matriculation date		Matriculation number	

<b>Name of Sending Institution</b>			
Faculty / Department			
ECTS departmental coordinator			
tel.:		fax:	e-mail

<b>Name of Receiving Institution</b>			
Faculty / Department			
ECTS departmental coordinator			
tel.:		fax:	e-mail

Course unit code (1)	Title of the course unit (2)	Duration of course unit	Local grade (3)	ECTS grade (4)	ECTS Credits (5)
	to be continued on a separate sheet			Total:	

(1) (2) (3) (4) (5) see explanation on the second page

Diploma / degree awarded: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of administration officer

\_\_\_\_\_  
Stamp of Institution

NB: This document is not valid without the signature of the administration officer and the official stamp of the institution.

