



LIFELONG LEARNING PROGRAMME / ERASMUS – ECTS TRANSCRIPT OF RECORDS

ACADEMIC YEAR: 20.../20...

FIELD OF STUDY:

NAME OF SENDING INSTITUTION: Faculty/ Department ECTS departmental coordinator: Tel.: Fax: E-mail:
NAME OF STUDENT: First Name: Date and place of birth: Sex : M/F Matriculation date: Matriculation number: E-MAIL ADDRESS:
NAME OF RECEIVING INSTITUTION: Faculty/ Department of 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 credits (4)*
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to be continued on a separate sheet				Total :

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

Date: _____ Signature of registrar/dean/administration officer: _____ Stamp of institution _____

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

(1) **Course unit code :**

Refer to the ECTS Course catalogue

(2) **Duration of course unit :**

Y = 1 academic year

1S= 1 semester

1T=1 term/trimester

2S= 2 Semesters

2T=2 terms/trimesters

(3) **Grading:**

a) Description of the institutional grading system:

b) Grading distribution in the department or programme (please specify) (For this section please refer to ECTS Users' Guide, Annex 3)

(4) **ECTS credits :**

1 academic year = 60 credits

1 semester = 30 credits

1 term/trimester = 20 credits