

ECTS - EUROPEAN COMMUNITY COURSE CREDIT TRANSFER SYSTEM

TRANSCRIPT OF RECORDS

NAME OF SENDING INSTITUTION: _____	
Faculty/Department of _____	
ECTS Departmental Coordinator: _____	
Tel.: _____ Fax: _____ E-Mail: _____	
NAME OF STUDENT: _____ First name: _____	
Date and place of birth: _____ sex: m f	
Matriculation date: _____	
NAME OF RECEIVING INSTITUTION: _____	
Faculty/Department of _____	
ECTS Departmental Coordinator: _____	
Tel.: _____ Fax: _____ E-Mail: _____	

Course Code	Title of the course	Duration of the Course	Local Grade	ECTS Grade	ECTS Credits
Total:					

Diploma/degree awarded: _____ Place, date: _____

Grading Scale		ECTS Grading Scale	
1	very good	A	excellent
2	good	B	very good
3	satisfactory	C	good
4	sufficient	D	satisfactory
		E	sufficient
5	insufficient	FX	fail
6	unsatisfactory	F	fail

Signature of Departmental Coordinator