**Transcript of Records 202… - 202…**

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| **Receiving Department** |  |
| **Receiving Academic Coordinator** |  |
| **Student’s full name** |  |

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| **Component****Code(if any)** | **Component Title** | **Successful completion by the student****(Yes/No)** | **Number of ECTS Credits** | **Host Institution Grade\*** |
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|  |  |  | **TOTAL:** |  |

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| **Receiving Acad. Coordinator** |
| Full name: | Signature: |
| **Receiving Department Secretary** | **Department’s Stamp** |
| Full name: | Signature:Date: |  |