



Registered Courses for the Transcript

[To be submitted in 2 copies: 1. Erasmus Office 2. Secretariat of your School]

Secretariat of: _____

Date

First Name

Last Name

Gender

Erasmus Period

Semester Entry

Fall Semester

Spring Semester

Year

Registered Courses for which I'm expecting grades

[Code of the course / Name of the Course / School / Professor]

Course 1:

Course 2:

Course 3:

Course 4:

Course 5:

Course 6:

Course 7:

Course 8:

If you have selected courses from other Schools please indicate them below

[Code of the course / Name of the Course / School / Professor]

Course 1:

Course 2:

Course 3:

Course 4:

Course 5:

Student's Signature

Secretariat's Signature



Erasmus+

