

TRANSCRIPT OF RECORDS

HOME INSTITUTION: Università degli studi di Firenze I FIRENZE01	
Degree in _____ Erasmus School coordinator's name: _____	telephone: _____ e-mail: _____
Student's name: _____ Sex: _____	
Date and place of birth: _____	Registration n°: _____
HOST INSTITUTION: _____	

ECTS Course Code	Courses passed before the departure	Local grade*	ECTS credits
ECTS Course Code (1)	Courses to be passed before the departure (2)	Local grade* (4)	ECTS credits

Diploma/Degree awarded: No; Yes: _____

Student's signature

Date: _____