

INTRA-AFRICA Academic Mobility Scheme TRANSCRIPT OF RECORDSi

**Start and end dates of the study period: from [day/month/year] ……………. to [day/month/year] …………….**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality** | **Sex [M/F]** | **Study cycle** | **Field of education** |
|  |  |  |  |  |  |  |
| **Home Institution** | **Name** | **Faculty/Department** | **Address** | **Country** | **Contact person name**/**email/phone** |
|  |  |  |  |  |
| **Host Institution** | **Name** | **Faculty/Department** | **Address** | **Country** | **Contact person name/email/phone** |
|  |  |  |  |  |

|  |
| --- |
| ***Transcript of Records at the Host Institution*** |
| **Table Cii After the mobility** | **Component code****(if any)** | **Component title at the Host Institution (as indicated in the course catalogue)** | **Was the component successfully completed****by the student? [Yes/No]** | **Number of credits (or equivalent)** | **Grades received at the Host Institution** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total: …** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Approval** | **Name** | **Position** | **Date** | **Signature** | **Official stamp** |
| **Responsible person at the Home Institution** |  |  |  |  |  |

|  |
| --- |
| ***Transcript of Records and Recognition at the Home Institution*** |
| **Table D After the mobility** | **Component code****(if any)** | **Title of recognised component at the Home Institution (as indicated in the course catalogue)** | **Number of credits (or equivalent) recognised** | **Grades registered at the Home Institution****(if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total: …** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recognition** | **Name** | **Position** | **Date** | **Signature** | **Official stamp** |
| **Responsible person at the Home Institution** |  |  |  |  |  |

iThis document is not valid without the signature of the responsible person (e.g. registrar/dean/administration officer) and the official stamp of the Host and Home Institution.

ii

Additional rows and columns can be added as needed in all tables.

1