

INTRA-AFRICA Academic Mobility Scheme TRANSCRIPT OF RECORDSi

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

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| **Student** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality** | **Sex [M/F]** | **Study cycle** | **Field of education** |
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| **Home Institution** | **Name** | **Faculty/Department** | **Address** | | **Country** | **Contact person name**/**email/phone** | |
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| **Host Institution** | **Name** | **Faculty/Department** | **Address** | | **Country** | **Contact person name/email/phone** | |
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| ***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** |
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| **Approval** | **Name** | **Position** | **Date** | **Signature** | **Official stamp** |
| **Responsible person at the Home Institution** |  |  |  |  |  |

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| ***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)** |
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|  |  | **Total: …** |  |

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| --- | --- | --- | --- | --- | --- |
| **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.

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

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