



# TRANSCRIPT OF RECORDS Academic year 20... / 20...

NAME OF SENDING INSTITUTION:  Faculty/Department of :  ERASMUS departmental coordinator:  Tel.:  Fax: E-mail:
SURNAME OF STUDENT: First name: Sex:  M/F: Matriculation date: Matriculation number:
NAME OF RECEIVING INSTITUTION: IONIAN UNIVERSITY (G ATHINE42) Faculty/Department of
Actual dates of the start and end of the study period: From (day/month/year), till (day/month/year) ERASMUS departmental coordinator:
Tel.: E-mail:

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Course Unit code (1)	Title of the course unit at the receiving institution	Duration of course unit (2)	Local grade (3)	ECTS Credits
	to be continued on a separate sheet			Total:
	·			(4)

Date:	Signature of administration officer (Γραμματέας Τμήματος)
	Stamp of institution:

NB: This document is not valid without the signature of the administration officer and the official stamp of the institution.

# (1) Course unit code:

If any. Refer to the ECTS information Package / Course catalogue

# (2) **Duration of course unit:**

Y = 1 full academic year 1S = 1st semester 2S = 2nd semester

# **GREEK GRADING SCALE:** (3)

Excellent: 9-10 Very good: 8-9 Good: 7-8

Satisfactory: 6-7

Pass: 5-6 Fail: 1-4

## (4) **ECTS** credits:

1 full academic year = 60 credits 1 semester = 30 credits