



Ministero dell'Istruzione dell'Università e della Ricerca
Alta Formazione Artistica e Musicale

ACCADEMIA DI BELLE ARTI DI ROMA
Via Ripetta n.222 - 00186 ROMA
Tel. 06/3227025 – 06/3227036 – Fax. 06/3218007

TRANSCRIPT OF RECORDS

ACADEMIC YEAR: 20.../20...

FIELD OF STUDY:

NAME OF SENDING INSTITUTION: Faculty/ Department ECTS departmental coordinator: Tel.: Fax: E-mail:

NAME OF STUDENT: First Name: Date and place of birth: Sex : M/F Matriculation date: Matriculation number: E-MAIL ADDRESS:

NAME OF RECEIVING INSTITUTION: Faculty/ Department of ECTS departmental coordinator: Tel.: Fax: E-mail:
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Course Unit Code (1)*	Title of the course unit	Duration of course unit (2)*	Local grade (3)*	ECTS credits (4)*
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.....	to be continued on a separate sheet	Total :

*(1) (2) (3) (4) see explanation on following page

Date: Signature of registrar/dean/administration officer: Stamp of institution

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

Course unit code :

Refer to the ECTS Course catalogue

Duration of course unit:

Y = 1 academic year

1S= 1 semester

1T=1 term/trimester

2S= 2 Semesters

2T=2 terms/trimesters

Grading:

a) Description of the institutional grading system:

b) Grading distribution in the department or programme (please specify) (For this section please refer to ECTS Users' Guide, Annex 3)

ECTS credits :

1 academic year = 60 credits

1 semester = 30 credits

1 term/trimester = 20 credits