UNIVERSITY OF FLORENCE ERASMUS+

ECTS – EUROPEAN CREDIT TRANSFER YSTEM

TRANSCRIPT OF RECORDS

HOME INSTITUTION: Università degli studi di Firenze I FIRENZE01							
School of: Erasmus School coordinator name:							
telephone:	telefax:	e-mail:					
Student's name:		First name(s):			Sex:		
Date and place of		Registration n°:					
HOST INSTITUT	ION:						
ECTS Course Code (1)	Courses passed before the dep	arture (2)	Duration of course* (3)	Local grade* (4)	ECTS grade*	ECTS credits	
	To be continued on	a caparata shaat				Total	
ECTO	To be continued on		D (; C	T 1	ECTS		
Course Code (1)			Duration of course* (3)	Local grade* (4)	grade*	ECTS credits	
				T 1			
T	o be continued on a separate sheet (con	inuare su un fogli	io aggiuntivo)	Total:			
Diploma/Degree av	varded: No; Ye	s:					
Stamp of the institution Studen'ts signature ———————————————————————————————————				For the Home Institution The Erasmus Faculty Coordinator PROF. LUCIANO SEGRETO			

Date:_____