

TRANSCRIPT OF RECORDS
Section to be completed AFTER THE MOBILITY
RECOGNITION OUTCOMES

I. MINIMUM INFORMATION TO INCLUDE IN THE RECEIVING INSTITUTION'S TRANSCRIPT OF RECORDS

RECEIVING INSTITUTION: ATHENS SCHOOL OF FINE ARTS

Department: _____

Erasmus ID Code: G ATHINE06

Contact information: LLP/Erasmus Office

42, Patision st. - 106 82 Athens

tel.: +30 210 38 97 131 / fax: +30 210 38 03010

e-mail: llp@asfa.gr

HOME INSTITUTION: _____

ERASMUS ID CODE: _____

Name of student: _____

Dates of attendance

Start date	End date
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Title of the course	Local grade	ECTS grade	ECTS credits	Professor's name	Professor's signature

Date

Coordinator's Signature

Stamp of Institution
