



ACCADEMIA
DI BELLE ARTI
DI FIRENZE

VIA RICASOLI, 66 | 50122 FIRENZE | TEL. 055.215449 – 055.2398660 | FAX 055.2396921 | COD. FISC. 80019050485

TRANSCRIPT OF RECORDS

ACADEMIC YEAR 20..... / 20..... Field of Study.....

Study Period from DD MM YYYY to DD MM YYYY

SENDING INSTITUTION

Faculty / Department

ECTS Departmental coordinator – name and surname, telephone, fax numbers, e-mail

STUDENT'S PERSONAL DATA

Family name	First name (s)						
Place of birth	Date of birth	DD	MM	YYYY	Sex	M	F
Matriculation date	DD	MM	YYYY	Matriculation number			
Tel.		e-mail					

RECEIVING INSTITUTION

Faculty/ Department of		
ECTS Departmental coordinator		
telephone	fax number	e-mail

(1)* Course Unit Code	Title of the course unit	Duration of(2)* course unit	(3)* Local grade	ECTS (4)* credits
				Total -----

Signature of registrar/dean/administration officer	Date DD MM YYYY
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NB: This document is not valid without the signature of the registrar / dean / administration officer and the official stamp of the institution.

Stamp of institution

(1)* **COURSE UNIT CODE :**

Refer to the ECTS Course catalogue

(2)* **DURATION OF COURSE UNIT :**

Y = 1 academic year

1S = 1 semester 2S = 2 Semesters

1T = 1 term/trimester 2T = 2 terms/trimesters

(3)* **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)

(4)* **ECTS CREDITS :**

1 academic year = 60 credits

1 semester = 30 credits

1 term/trimeste = 20 credits