****

INTRA- AFRICA Academic Mobility Scheme

TRANSCRIPT OF RECORDS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Planned period of mobility: ...................................... from (month/year) ...................................... | | | | | | |
| Staff  member | Last name(s) | Firstname(s) | Nationality | Sex | Type of staff | E-mail/phone |
|  |  |  | [M/F] | [Administrative  /Academic] |  |
| Home  Institution | Name | Faculty/Department | Address | | Country | Contact person name/email/phone |
|  |  |  | |  |  |
| Host  Institution | Name | Faculty/Department | Address | | Country | Contact person name/email/phone |
|  |  |  | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Transcript of Records at the Host Institution | | | | | |
| Table C ii  After the  mobility | Component code  (if any) | Component title at the Host Institution (as indicated in the course catalogue ) | Was the component  successfully completed  by the student? [Yes/No] | Number of credits  (or equivalent) | Grades received at  the Host Institution |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Total |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approval | Name | Position | Date | Signature | Official stamp |
| Responsible person at the Home Institution |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transcript of Records and Recognition at the Home Institution | | | | |
| Table D  After the  mobility | Component code  (if any) | Title of recognised component at the Home Institution (as indicated in the course catalogue) | Number of credits  (or equivalent) | Grades registered at the Home Institution (if applicable) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approval | Name | Position | Date | Signature | Official stamp |
| Responsible person at the Home Institution |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

iThis document is not valid without the signature of the responsible person (e.g. registrar/dean/administration officer) and the official stamp of the Host and Home Institution.

iiAdditional rows and columns can be added as needed in all tables.