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INTRA- AFRICA Academic Mobility Scheme

TRANSCRIPT OF RECORDS

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| Planned period of mobility: ...................................... from (month/year) ...................................... |
| Staffmember | Last name(s) | Firstname(s) | Nationality | Sex | Type of staff | E-mail/phone |
|  |  |  | [M/F] | [Administrative/Academic] |  |
| HomeInstitution | Name | Faculty/Department | Address | Country | Contact person name/email/phone |
|  |  |  |  |  |
| HostInstitution | Name | Faculty/Department | Address | Country | Contact person name/email/phone |
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| Transcript of Records at the Host Institution |
| Table C iiAfter themobility | Component code(if any) | Component title at the Host Institution (as indicated in the course catalogue ) | Was the componentsuccessfully completedby the student? [Yes/No] | Number of credits(or equivalent) | Grades received atthe Host Institution |
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| Approval | Name | Position | Date | Signature | Official stamp |
| Responsible person at the Home Institution |  |  |  |  |  |

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| Transcript of Records and Recognition at the Home Institution |
| Table DAfter themobility | 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) |
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| Approval | Name | Position | Date | Signature | Official stamp |
| Responsible person at the Home Institution |  |  |  |  |  |

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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.