TRANSCRIPT OF RECORDS

RECEIVING INSTITUTION

Receiving Institution:	
Sending Institution:	**Johannes Gutenberg-University (D MAINZ01)**
Name of student, First Name(s):	
Subject area (code):	
Start date of the study period [dd/mm/yyyy]	
End date of the study period [dd/mm/yyyy]	

ACADEMIC OUTCOMES AT THE RECEIVING INSTITUTION:

Component code (if any)	**Component title at the receiving institution (see course catalogue)**	**Was the component successfully completed? [Yes / No]**	**Receiving institution grade**	**ECTS-credits**
	To be continued on a separate sheet			Total:

The receiving institution

Responsible person's signature / stamp: Date:

This document is not valid without the signature of a responsible person and the official stamp of the institution. Any other official transcript of records -including all the data mentioned above- (e.g. electronically produced transcript from the receiving institution) may replace this document.