

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

TRANSCRIPT OF RECORDS A +

NAME OF RECEIVING INSTITUTION:
Faculty/Department of
ECTS departmental coordinator:
Tel.: Fax: e-mail:
NAME OF STUDENT: First name:
Date and place of birth: (sex) :
Matriculation date: Matriculation number:
NAME OF SENDING INSTITUTION: UNIVERSITÀ DEGLI STUDI DI PADOVA – ITALY
Faculty of ENGINEERING
Current Degree: Bsc/Msc in Chemical and Industrial Process Engineering
ECTS departmental coordinator: Prof. Paolo Canu
Tel.: +39 0498275463 Fax: +39 0498275991 e-mail: paolo.canu@unipd.it

Title of the course unit	Date	ECTS	Local Grade

<i>I hereby declare that the student passed the exam for the above course unit with an outstanding performance, corresponding to the highest possible grade (e.g. A+ or “cum laude”).</i>		
..... Date Signature of Instructor Stamp of Institution

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