**After the Mobility**

**Name of the student……………………………………………………………..**

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| --- | --- |
|   | ***Transcript of Records and Recognition at the Sending Institution*****Start and end dates of the study period: from [day/month/year] ……………. to [day/month/year] …………….** |
| **Table D****After the mobility** | **Component code** (if any) | **Title of recognised component** **at the Sending Institution** (UR)(as indicated in the course catalogue)  | **Number of ECTS credits** (or equivalent) **recognised** | **Grades registered at the Sending Institution** (if applicable) |
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|  | ***Additional courses from Transcript of Records (Tab. C) recognised by the Sending Institution (UR), which will be part of the diploma supplement*** |  |  |
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|  |  |  |  |
|  |  | **Total: …** |  |

*Signature of responsible person in sending institution*

*Date:......................................*