TRANSCRIPT OF RECORDS

RECEIVING INSTITUTION

Receiving Institution:	**Johannes Gutenberg-University (D MAINZ01)**
Sending Institution:	
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