

RECEIVING INSTITUTION

Humboldt-Universität zu Berlin

Faculty of Language, Literature and Humanities

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STUDENT

First name _____ of student:

Date and place of birth: _____

Immatriculation number (HU): _____ BA MA

Subject(s) at Humboldt-Universität zu Berlin:

SENDING INSTITUTION

Please enter the exact address of the person in charge of ECTS/Transcript of Records at your home university.

Your transcript will be sent to the address indicated here.

Name of University:

Faculty/Department:

Person in charge/Departmental Coordinator:

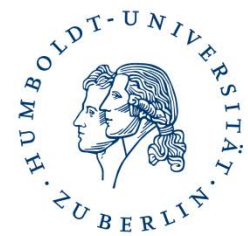
Street/No.:

City/State/Zip:

Country:

Tel. _____

E-mail: _____



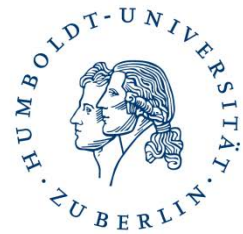
Learning Agreement

Course code (starts with 52)	Module / Course Title	ECTS
Exam type		
Exam type		
Exam type		
Exam type		
Exam type		
Exam type		
Exam type		
		total

RECEIVING INSTITUTION

We approve this proposed Learning Agreement.

Date	Stamp of institution
Signature of the departmental coordinator	



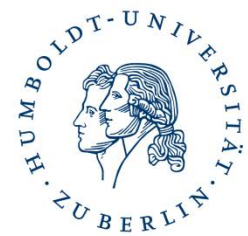
Transcript of Records

for

Immatriculation number (HU):

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according to the European Credit Transfer and Accumulation System (ECTS)



Course code	Module / Course Title	Grade ¹	ECTS
Exam type			
Exam type			
Exam type			
Exam type			
Exam type			
Exam type			

total		
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Date	Stamp of institution
Signature of the examination office	

Note: This document is only valid with the signature and stamp of the examination office.

¹ Local Grading System:

1,0/1,3 (excellent), 1,7/2,0 (very good), 2,3/2,7 (good), 3,0/3,3 (satisfactory), 3,7/4,0 (sufficient), 5,0 (fail)