



ALBERT-LUDWIGS-UNIVERSITÄT FREIBURG  
 UNIVERSITÄTSVERWALTUNG  
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ECTS - European Credit Transfer and Accumulation System

TRANSCRIPT OF RECORDS

NAME OF THE STUDENT: Date and place of birth: Matriculation date:	First name: _____ (sex) m/f _____ Matriculation number: _____
SENDING INSTITUTION: Faculty/Department: ECTS departmental coordinator: Tel.: _____ Fax: _____ E-mail: _____	
RECEIVING INSTITUTION: Faculty/Department: ECTS departmental coordinator: Tel.: _____ Fax: _____ E-mail: _____	

Course Unit code (1)	Title of the course unit	Duration of course unit (2)	Local grade (3)	ECTS grade (4)	ECTS credits (5)
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	to be continued on a separate sheet				Total: .....

(1) (2) (3) (4) (5) see explanation on back page

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

(1) **Course unit code:**  
Refer to the ECTS information Package

(2) **Duration of course unit:**  
Y = 1 full academic year  
1S = 1 semester                              2S = 2 semesters  
1T = 1 term/trimester                      2T = 2 terms/trimesters

(3) **Description of the institutional grading system:**

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(4) **ECTS grading scale:**

ECTS Grade	% of successful students normally achieving the grade	Definition
A	10	EXCELLENT - outstanding performance with only minor errors
B	25	VERY GOOD - above the average standard but with some errors
C	30	GOOD - generally sound work with a number of notable errors
D	25	GOOD - generally sound work with a number of notable errors
E	10	GOOD - generally sound work with a number of notable errors
FX	-	SATISFACTORY - fair but with significant shortcomings
F	-	SUFFICIENT - performance meets the minimum criteria
		FAIL - some more work required before the credit can be awarded
		FAIL - considerable further work is required

(5) **ECTS credits:**  
1 full academic year = 60 credits  
1 semester = 30 credits  
1 term/trimester = 20 credits

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**Academic Year: 20.. / 20..**

**Name of the student:**

**Diploma/degree awarded:**

**Date:**

**Signature:**

**Title, position (registrar/dean/administration officer):**

**Stamp of institution:**