

*TO BE FILLED OUT BY SENDING UNIVERSITY IN CASE IT IS NOT POSSIBLE TO PROVIDE A
TRANSCRIPT OF RECORDS IN ENGLISH CERTIFYING THE CREDIT RECOGNITION*

Please erase this writing before signing

DECLARATION OF ACADEMIC RECOGNITION

The Sending Institution

University Name			
Contact person name		Contact person e-mail / phone	

committed to recognising all the credits gained at the receiving institution for the successfully completed educational components, and to count them towards the student's degree, as outlined in the learning agreement document (signed before the ICM mobility start) of

The Student

Last name (s)		First name (s)	
Mobility period		Host university	University of Trento

hereby certifies that

the student's academic activities carried out at the receiving institution, as certified in the transcript of records issued by UniTrento (or in the academic certificate issued by the supervisor in case of mobility for research purposes), have been recognized as indicated hereafter.

Recognition at the sending institution *(please tick recognition option)*

- **Recognition through Credit transfer**

Component title at the sending institution (title of courses as in the sending university recognized in the student's degree)	Number of credits/points/units (specify whether ECTS or other)
	Total: ...



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The ECTS credits gained by the student at the receiving university have been converted in the home university credit system based on the following conversion rate:

1 ECTS= _____

(Indicate the type of credits/points/units used at home university and the ratio to 1 ECTS credit)

Please note: in case not all examinations taken at the host university (as pre-agreed upon in the Learning Agreement) have been properly recognized a clear explanation of the reasons is necessary

Reasons for non-full recognition:

o **Recognition through other means then credits**

The research work carried out at UniTrento is relevant to the student's academic programme and final thesis, but such work is not measured by any modular credits.

Explain:

The sending institution		
Responsible person² in the sending institution - Name:		
Function:	Phone number:	E-mail:
Responsible person's signature		Date: