**After the Mobility**

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|  | ***Transcript of Records at the Receiving Institution***  **Start and end dates of the study period: from [day/month/year] ……………. to [day/month/year] …………….** | | | | | | | | | | | | | |
| **Table C**  **After the mobility** | **Component code**  (if any) | **Component title at the Receiving Institution**  (as indicated in the course catalogue) | | | | **Was the component successfully completed by the student?** [Yes/No] | | | | **Number of ECTS credits** (or equivalent) | | **Grades received at the Receiving Institution** | | |
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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**  (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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| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | Student |  |  |
| Responsible person1 at theSending Institution |  |  | Erasmus Coordinator |  |  |
| Responsible person at theReceiving Institution2 |  |  | Departmental Erasmus Coordinator |  |  |

1. **Responsible person at the Sending Institution**: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.

2. **Responsible person at the Receiving Institution**: the name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.