CHECK-OUT FORM

**EXAMS TAKEN AND PASSED AT UNIVERSITY OF BERGAMO**

**(the official Transcript of Records will be sent by email to your University)**

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| STUDENT PERSONAL DATA |
| SURNAME ………………………… NAME ……………………………………………**Mobility period:*** First semester:
* Second semester:
* Full academic year:

 Date of arrival…………………. Date of departure……………………………Department at University of Bergamo……………………………………….. Matricola ………………………………………….. |

**Please fill out in the table here below writing ALL THE EXAMS you passed and taken as well as the exams you don’t know the results yet.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code  | Exam title  | Credits | Date  | Grade |
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|  |  |  |  |  |
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|  |  |  |  |  |

Date ………………………… .Signature………………………………………

Have you completed the ONLINE QUESTIONNAIRE?