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.**

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| --- | --- | --- | --- | --- |
| Code | Exam title | Credits | Date | Grade |
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Date ………………………… .Signature………………………………………

Have you completed the ONLINE QUESTIONNAIRE?