Erasmus+
Enriching lives, opening minds.

HFBK Hamburg

HFBK Hamburg – Transript of Records

Host University: **Hochschule für bildende Künste Hamburg (University of Fine Arts Hamburg)**

Degree Programme: **Bildende Künste (Fine Arts)**; Department:_____

ECTS Institutional Coordinator: **Silva Jährling/Gaby Grumke, International Office**

Tel.: **+49 (0)40 428989-265**_____email: **internationaloffice@hfbk.hamburg.de**

Name of the Student: _____

Date and Place of Birth: _____

Gender:_____

Day of Enrolment: _____

Matriculation Number: _____

Home University: _____

Department:_____

ECTS Departmental Coordinator: _____

Tel.:_____Fax:_____E-mail: _____

Titel des Kurses / Course Title	Course Duration (Winter/Summer Semester/ university year)	Signature Lecturer/Professor/ workshop leader	HFBK ECTS
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			total: .....

If necessary continue the list on a separated sheet of paper.

Credit mobility, thus no degree will be awarded.

Date:_____Signature: _____

Silva Jährling / Gaby Grumke
International Office HFBK Hamburg

HFBK Hamburg Seal of Institution: