

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM  
PROJECT/THESIS ASSESSMENT REPORT**

STUDENT LAST NAME		FIRST NAME	
DATE OF BIRTH		PLACE OF BIRTH	
NATIONALITY		SEX	

SENDING INSTITUTION			
FACULTY/DEPARTMENT			
DEPARTMENTAL COORDINATOR:			
	TEL:	FAX:	E-MAIL:

RECEIVING INSTITUTION			
FACULTY/DEPARTMENT			
DEPARTMENTAL COORDINATOR:			
	TEL:	FAX:	E-MAIL:

<b>PROJECT/THESIS BRIEF DESCRIPTION</b>							

<b>STUDENT'S ASSESSMENT</b>							

DURATION OF IMPLEMENTATION (1)		LOCAL GRADE (2)		ECTS GRADE (3)		ECTS CREDITS AWARDED	
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(1) (2) (3) see explanation on back page

SIGNATURE	<b>DATE</b>	
	INSTITUTION'S STAMP:	
SUPERVISOR AT THE RECEIVING INSTITUTION		

NB : This document is not valid without the supervisor's signature and the official stamp of the institution.

(1) Please indicate the study period using the following:

Y	for 1 full academic year		
1S	for 1 semester	2S	for 2 semesters
1T	for 1 term/trimester	2T	for 2 terms/trimesters

(2) Please indicate the grade obtained by the student (if applicable), using the following format:  
A/B, A being the grade awarded, and B the highest grade in your national/institutional grading system.

(3) Please indicate the ECTS grade (if applicable), in accordance with the generally accepted scale

ECTS Grade	% of successful students normally achieving the grade	Definition
<b>A</b>	10	EXCELLENT - outstanding performance with only minor errors
<b>B</b>	25	VERY GOOD - above the average standard but with some errors
<b>C</b>	30	GOOD - generally sound work with a number of notable errors
<b>D</b>	25	SATISFACTORY - fair but with significant shortcomings
<b>E</b>	10	SUFFICIENT - performance meets the minimum criteria
<b>FX</b>	-	FAIL - some more work required before the credit can be awarded
<b>F</b>	-	FAIL - considerable further work is required