

STUDENT:  
GENDER - DOB: |  
COUNTRY:  
SCHOOL:

TRANSLATED SCHOOL TRANSCRIPTS  
WITH EQUIVALENT GRADES

SCHOOL YEAR FROM: _____ TO _____		GRADE LEVEL : _____
Courses / Subjects	Hours per Week	Equivalent Final Grade

SCHOOL YEAR FROM: _____ TO _____		GRADE LEVEL : _____
Courses / Subjects	Hour per Week	Equivalent Final Grade

SCHOOL YEAR FROM: _____ TO _____		GRADE LEVEL : _____
Courses / Subjects	Hours per Week	Equivalent Final Grade

SCHOOL YEAR FROM: _____ TO _____		GRADE LEVEL : _____
Courses / Subjects	Hour per Week	Equivalent Final Grade

I hereby certify that to the best of my knowledge all of the information is true and complete.  
If a school year is added after this transcript was originally signed, put initials by that school year section and sign/date again below.

Name (print) \_\_\_\_\_ Function \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_