University of Tripoli

The Administration of Graduate Studies and Training

Date: / / .

Reference no.

TRANSCRIPT

The Faculty of _____ University of Tripoli hereby certifies that Mr/Ms. _____ _____ _____ _____, born on / / , had passed complementary courses as a condition to enrol on the graduate Master Degree program in the department of _____.

Below is a list of complementary courses he/she studied and grades achived.

Semester	Academic year	Course code	Course title	Credit	Mark (%)	Grade	Attempts No.

(excellent: 85% to 100%; very good: 75% to < 85%; good: 65% to <75%; pass: 50% to <65%)

Dr. _____
Coordinator of Graduate Studies in the department

Dr. _____
Head of Studies and Examination in the Faculty

Dr. _____
Dean of the Faculty

Dr. _____
Head of Graduate Studies and Training Adminastriation in the University

..... Date: / / .