No.: ACADEMIC TRANSCRIPT							
Name:	Date and place of birth:						
Department:							
Academic year(s): _		Semester: winter	/ spring				
This transcript confirms that the student named above has successfully completed the listed courses.							
Lecturer	Course Title		Type of Examination	No. of hours	Credit Points	Grade	
Grading System:			<u>I</u>			1	
	00%),9= very good (81%%), 1 to 5 = fail(less than sexcellent (10).					grade	
Completed by:		De	ean:				
Ljubljana,	200_ Official s	stamp:					
, - ,	Official signature:						