ECTS equivalence letter

Draft for applicable own qualification programs

University instructions: Adapt and verify every statement against institutional records. Replace all brackets, remove unused clauses and these instructions, and issue on official letterhead with an authorized signature, date and official email for verification. The applicant must not self-certify this letter. Request this only if an ECTS statement or documented equivalence is applicable to your case.

[Official university letterhead]

Date: [day month year] Reference: [institutional reference, if used]

To the authority reviewing this qualification in Ecuador

We confirm from the records of [legal name of awarding institution, country] that [graduate's full name], student number [number, if used], completed [exact qualification title], awarded on [award date]. The qualification's official status within our system is [accurate description, including own qualification or título propio where applicable].

The program comprised [amount] [name of credits or units]. The institutional definition of these units and the documented total student workload are [definition, workload and relevant source].

[Select the verified statement that applies: The approved program directly awards [number] ECTS credits. OR The institution documents an equivalence of [number] ECTS credits under [named policy or approved methodology, version and date].]

The basis of the ECTS value or equivalence is [identify the approved program record and, for an equivalence, explain the institution's methodology and relevant workload evidence]. Attach [official credit record or approved equivalence statement].

[If no documented equivalence exists: State that the institution cannot certify an ECTS equivalence and provide its verified credit and workload information instead. Do not create a conversion by multiplying local credits or contact hours.]

This letter reports the institution's verified academic information. It does not assert that an Ecuadorian minimum or recognition condition has been met.

[Authorized signature]
[Name and title of authorized official]
[Office or department]
[Official institutional email and telephone for verification]