

Credit Transfer Application Form

If you have completed any of the units from your chosen qualification from any other Registered Training Organisation / TAFE, we will recognise them at our academy.
In order for your previous units to be recognised, you need to complete and lodge this form with your enrolment application and evidence to substantiate the claim. All applications for Credit Transfer must be lodged with your enrolment application.
Please note, we can only recognise a unit you have completed for if it:

- Is issued by a Nationally Recognised RTO or TAFE
- Is issued in the form of a Statement of Attainment

Course:

Student Id (if Existing Student)

First Name: **Last Name:**

Home Address:

.....**Suburb:****Postcode:**.....

Ph (Home): **Ph (Work):** **Mobile:**

Date of Birth: ____/____/____ **Email** **Gender:** Male []
Day/Month /Year Female []

Please detail the Units you wish to apply for a Credit Transfer (please photocopy this application if you need more space to record units)				FOR OFFICE USE ONLY
Institution	Unit Code	Unit Name	Date of achievement	CREDIT TRANSFER APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE ATTACH EVIDENCE OF COMPLETION OF THE ABOVE-MENTIONED UNITS IN THE FORM OF A STATEMENT OF ATTAINMENT FROM THE ISSUING INSTITUTION

Student signature Date.....

FOR OFFICE USE ONLY

Credit Transfer Approved? Yes No

Course Duration Affected? Yes No

If yes, then please fill up the following:

New Course Start Date: _____ New Course End Date: _____

Comments:

Director of Studies' SignatureDate.....

IMPORTANT NOTICE!!

- **This form MUST be submitted in the Reception to avoid loss or delay in processing of this Application.**
- **Ensure that all the supporting documents are attached with this application.**