



Course Credit Transfer Application Form

Part 1. Personal Details

Student ID: _____ Date of Birth: _____

Given Name: _____ Family Name: _____

Address: _____

Email: _____ Contact Number: _____

Part 2. Course Details

Course Code: _____

Course Name: _____

**Credit transfer applies to situations where students have completed unit(s); identical to those they are currently enrolled in, at another Education Provider under the Australian Qualifications Framework. Credit will be granted in accordance with the Credit Transfer Policy of the college.*

Part 3. Credit Transfer Details – Student to Complete

Prior courses successfully completed		
Institution	Course Code	Course Name

(Attach a verified copy of the relevant Qualification(s) or Statement of Attainment from another education provider)



unit code	unit name	Certified copy attached?
		<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

Student Signature: _____ **Date:** _____

Office Use Only					
Processed by:		Signature:		Date:	
Credits Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Notes:					