

## CREDIT TRANSFER APPLICATION FORM

| Credit Transfer Application Form   |       |             |             |           |            |           |                      |                   |         |                     |  |
|--|-------|-------------|-------------|-----------|------------|-----------|----------------------|-------------------|---------|---------------------|--|
| Section 1 – Student & Visit Details  |       |             |             |           |            |           |                      |                   |         |                     |  |
| Student Name:  |       |             |             |           |            |           | Student No:          |                   |         |                     |  |
| Qualification / Course:  |       |             |             |           |            |           | I                    |                   |         |                     |  |
| Assessor Name:   |       |             |             |           |            |           | Date:                |                   |         |                     |  |
| Section 2 – Application a  | nd D  | eclaration  | ı           |           |            |           |                      |                   |         |                     |  |
| Student:   I wish to apply for credit transfer for the units of competency/modules listed below.   I have attached original copy of certification documentation from another RTO.   I declare that certification documentation supplied is legitimate, true and correct.   I understand that the Assessor will verify my certification documentation for validity. |       |             |             |           |            |           |                      |                   |         |                     |  |
| Student Signature:   |       |             |             |           |            |           | Date:                |                   |         |                     |  |
| Section 3 – Units /Modules Outcome   |       |             |             |           |            |           |                      |                   |         |                     |  |
|  |       |             |             |           |            |           | Assessor Only        |                   |         |                     |  |
| Unit Code  | Unit  | t Name      |             |           |            |           | Evidence<br>supplied | Eviden<br>Verifie |         | Assessor<br>Initial |  |
|  |       |             |             |           |            |           |                      |                   |         |                     |  |
|  |       |             |             |           |            |           |                      |                   |         |                     |  |
|  |       |             |             |           |            |           |                      |                   |         |                     |  |
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|  |       |             |             |           |            |           |                      |                   |         |                     |  |
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|  |       |             |             |           |            |           |                      |                   |         |                     |  |
|  |       |             |             |           |            |           |                      |                   |         |                     |  |
| Section 4 – Assessor Judg  | geme  | nt and De   | claration   |           |            |           |                      |                   |         |                     |  |
| I declare that if have   | verif | ied certifi | cation docu | imentatio | on supplie | ed is leg | gitimate, tru        | ue and co         | orrect. |                     |  |
| Assessor Signature:  |       |             |             |           |            |           | Date:                |                   |         |                     |  |
| Admin Use Only   |       |             |             |           |            |           |                      | -                 |         |                     |  |
| SMS Updated:   |       | Yes         | 🗌 No        | Date:     | /          | /         | Name / In            | Initial:          |         |                     |  |
| Student file updated:  |       | Yes         | 🗌 No        | Date:     | /          | /         | Name / In            | nitial:           | itial:  |                     |  |

| Document Name: Credit Transfer Application Fo | RTO Code: 45763        | CRICOS Code: 03956A       |                           |
|---|------------------------|---------------------------|---------------------------|
| Version: 2.1                                  | Approved: 18 July 2024 | Review Date: 18 July 2025 | Page <b>1</b> of <b>1</b> |