STUDENT CREDIT TRANSFER APPLICATION FORM

Credit transfer applies to situations where students have completed units; identical to those they are currently enrolled in, at another TAFE College or Registered Training Organisation. Credit will be granted in accordance with the Mutual Recognition Procedure.

STUDENT DETAILS:

First Name:  
Family Name:  
Student ID:  
Contact Number:  
Address:  
Email Address:  
Current Course:  

DETAILS OF CURRENT STUDY:

Course Name:  
Course Code:  

DETAILS OF PREVIOUS STUDY:

Name of institution:  
Name of qualification:  
Year of completion:  
(Attach a photocopy of the relevant Qualification or Statement of Attainment)

COMPETENCY BASED ON CREDIT TRANSFER HAS BEEN ASSESSED FOR THE FOLLOWING UNITS:

<table>
<thead>
<tr>
<th>Unit/s Code</th>
<th>Unit/s Name</th>
<th>Equivalent WIC Units</th>
<th>Outcome (Granted / Rejected)</th>
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## COMMENTS:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

### Reason For Non-Approval Code:

- [ ] Unit outcomes not fully covered  
  **Further Explanation** (If Required):
  
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

- [ ] Maximum amount of credit already granted
  
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

- [ ] Previous work experience does not meet requirements
  
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

- [ ] Level of previous study not appropriate.
  
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

### Assessor Information:

- Assessor Name: ____________________________________________  Position: ____________________
- Assessor signature: _________________________________________  Date: _____ / ____ / ____
- Student signature: _________________________________________  Date: _____ / ____ / ____

### Privacy Statement

Information is collected on this form and during your enrolment in order to meet the College obligations under the ESOS Act and the National Code 2007; and to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.