

# Credit Transfer Application Form

In accordance with the Australian Qualifications Framework, Skills Training College accepts credentials and statements of attainment from other registered training organisations. Students who wish to receive credit for previously completed Units of Competency must submit certified copies of their Statements of Attainment or Qualifications and Transcripts with their application.

STUDENT DETAILS			
Name:			
Email:			
Current Address:			
Date of Birth:		Phone Number:	
CREDIT TRANSFER REQUEST			
Units applied for Credit Transfer:		Units Granted Credit Transfer:	
Unit Code	Unit Name	Unit Code	Unit Name
STUDENT DECLARATION			
<ul style="list-style-type: none"> <li>The information I have provided in this form is correct and complete. I understand that withholding relevant information relating to my application, including academic transcript/s may result in this application being rejected.</li> <li>I have attached to this application supporting certified copies of Qualifications(s), Transcript(s) or Statement(s) of Attainment. I understand that the College will verify these certificates with the issuing RTO.</li> <li>I authorise the College to obtain further information with respect to my application and, if necessary, seek academic information or transcripts from Australian educational institutions. I understand that the College is not responsible if an educational body or institution does not verify these records.</li> <li>I agree to abide by the regulations and policies of the College.</li> </ul>			
Student Name:		Date:	
Student Signature:			
CREDIT TRANSFER APPROVAL INTERNAL USE ONLY			
Qual/SOA certification provided has been verified as true/accurate with the issuing provider		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Domestic Students:</b> CT Application Approved <input type="checkbox"/> YES <input type="checkbox"/> NO		Student Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>International Students:</b> CT Application Approved <input type="checkbox"/> YES <input type="checkbox"/> NO		Student Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	
Staff member full name:			
Staff member position:			
Staff member signature:		Date:	