

CREDIT TRANSFER APPLICATION FORM

Student Name: _____ Given Names: _____
 Address: _____
 Email: _____ Mobile No: _____
 Course Name: _____ Start Date: _____

Credit Transfer Application

Credit transfer applies to situations where students have completed units identical to those they are currently enrolled in at another Registered Training Organisation (RTO). Credit will be granted in accordance with the requirements of the Standards for Registered Training Organisation 2015.

RTO Name: _____

Qualification Name and Code: _____

Unit code and name of units being requested for Credit Transfer:

**** PLEASE ATTACH CERTIFICATE/TRANSCRIPT TO THIS APPLICATION ****

Privacy Statement

Personal information is collected solely for the purpose of operating as a Registered Training Organisation under the Standards for Registered Training Organisation 2015 that are administered Nationally by the Australian Skills Quality Authority who are the registering authority. The requirements of the registering authority may require the release of your personal information for the purposes of audit.

Under the National Privacy Principles, you can access personal information held on you and you may request corrections to information that is incorrect or out of date.

Student Signature: _____ Date: _____

Click here for info on how to sign this form digitally on your device
 You'll need Acrobat Reader (FREE DOWNLOAD <https://get.adobe.com/reader/>)

OFFICE USE ONLY

Outcome: ☐ Approved ☐ Not Approved Reason for refusal: _____

Approved CoE duration: _____ Proposed end date: _____

RTO Manager Signature: _____ Study Plan issued ☐ Yes ☐ No

CoE to be updated: ☐ Yes ☐ No Date fee paid: _____

TEAMS: ☐ Course updated ☐ Results updated ☐ Training schedule updated

Processed by: _____ Date processed: _____