Application for Credit Transfer

Student Details

Title:		
First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Gender:		
Telephone:		
Mobile:		
Email:		
Alternative Email:		
Identification Verified:	Type of ID:	
	ID Number:	
Address:	Building Name:	
	Unit Name:	
	Street:	
	Suburb/Town:	
	State:	
	Postcode:	
	Country:	
	State:	
	Postcode:	
	Country:	

Which States College Australia Course are your applying for a Credit Transfer?

CODE	TITLE

Name of the College that has issued your Qualification or Statement of Attainment:

_____

_____

_____

Evidence Attached: ☐ YES ☐ NO   ***WHEN COMPLETED GO TO SECTION 3***

Head of Compliance/Academic Manager Determination:

☐ Credit Transfer Approved   ☐ Credit Transfer Not Approved

If **NOT** Approved, explanation for decision:

_____

_____

_____

_____

_____

Student Signature:		**Date:**	/ /

Credit Transfer to be applied

Please complete the table below with the required information on the units of competency that you which to apply for credit transfer:

UNIT CODE	UNIT NAME

States College Australia Representative:

Name:		Date:	/ /

SECTION 4 – Application Processing

☐ Student Advised in writing   Initial _____   Date: _____/____/____

☐ CT recorded in SMS   Initial _____   Date: _____/____/____

☐ Application Closed   Initial _____   Date: _____/____/____

Head of Compliance/ Academic Manager Signature:		Date:	/ /