Application for Credit Transfer

Note:

- **No request for credit transfer will be processed unless this form is completed fully.**
- **Student must submit transcript of all the requested units for credit transfer.**

Please tick (□) the relevant information

Section 1: Personal Details

Title: Mr. □ Mrs. □ Ms. □ Miss □	**Sex: Male □ Female □**	**Date of Birth: ___/___/_____**
First Name:	**Last Name:**	**Student ID:**
Mobile:		**Phone (home):**
Email Address:		**Campus:**

Section 2: Course Details

Course in which currently Enrolled:

Please list all the units of competency that you are requesting for Credit Transfer. Please note that Innovative College could grant credit transfer only for 50% of the course (please refer to Innovative College Credit Transfer Policy).

Unit Code	Unit Name	Institute where completed	Approval (Innovative College Use Only)
			Yes □ No □
			Yes □ No □
			Yes □ No □
			Yes □ No □
			Yes □ No □

Section 3: Student Declaration

I,_____(Applicant) hereby declare that the information contained in this application is true. I understand that if my application will approve for credit transfer it will reduce my duration of course and my CoE will be revised accordingly.

Signature: _____ Date: _____

Section 4: Office Use Only

Assessing Staff Name:	**Staff Signature:**
Comments:	
Evidence Provided: Yes □ No □	**Date:**
Application Outcome: Approved □ Decline □	**Student advised by: Email □ Phone □**
Update PRISMS: Yes □ No □	**Update RTO Manager: Yes □ No □**