

## Credit Transfer Application Form

STUDENT'S PERSONAL DETAILS	
<b>STUDENT NAME</b>	
<b>DATE OF BIRTH</b>	
<b>EMAIL</b>	
<b>ADDRESS</b>	
<b>CONTACT NO.</b>	

List the units in which credit transfer is being requested (Please add extra page if number of units is more than the space provided below):

Space provided below):

CODE OF THE UNIT	NAME OF THE UNIT	Evidence provided by student (e.g. Statement of attainment – RTO Name)	Credit Transfer Provided (Y/N) and Initials

## Credit Transfer Application Form

### Information related to Course credit:

1. For application to be processed further, the students need to provide the statement of attainment or statement of results as an evidence of your completion of the unit, issued by a registered provider in Australia.
2. Course credit application must be lodged within 14 days of commencement of the studies.
3. If the application gets approved, the length of the course will be shortened accordingly.
4. The student will be communicated the outcome of the application within 14 working days.

### Privacy Statement (For international Students)

Information is collected on this form and during your enrolment in order to meet the Institute's obligations to maintain compliance with VET Regulators and other government bodies.

Information collected on this form or during your enrolment can be disclosed without your consent where authorized or required by law.

### Student Declaration:

1. I declare that I wish to apply for course credit as outlined in this form.
2. I have been communicated all the information in regard to course credit and its effect on my enrolment and amount of training.
3. The attachment with this form is the photocopy of my original academic document. All the information provided in the form is correct and complete.
4. All the consequences of the Credit Transfer approval on my study duration have been communicated to me and I understand all the information provided

**Student name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### FOR OFFICE USE ONLY

#### CREDIT TRANSFER FEEDBACK

If No, please provide the reason:

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Course Duration changed?    Yes            No.

Has the student been communicated?    Yes/No.

Mode of Communication:    Face to face

Staff name: \_\_\_\_\_ Designation: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Dated \_\_\_\_\_

#### STUDENT'S ACCEPTANCE OF THE CREDIT TRANSFER FEEDBACK

##### Student Declaration:

1. I acknowledge the credit transfers for the units granted to me by Elite Training Institute.
2. In the view of grant of Credit Transfer for the above units, my course schedule will be reviewed and modified.
3. I understand my right to access Complaints and Appeals procedure of the institute, if I am not satisfied with the outcome of my credit transfer application.

Student name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_