

STUDENT CREDIT TRANSFER APPLICATION FORM

A STUDENT / COURSE DETAILS

Student ID:	Course Code:
Course Name:	
Family Name:	Given Names:
Contact Phone:	Email:

B PREVIOUS COURSE DETAILS

Name of the Institute/Provider	
Course Code & Name	
Date of Commencement	Date of Completion(if completed)

C UNITS TO BE CREDIT TRANSFERED

Please tick (✓) below the units you're applying for the grant of credit transfer. Credit transfer will be granted to those units where students have demonstrated a particular competence by successfully completing a unit or units at another RTO, provided the Code and Title of the units are identical. Credit will be granted in accordance with the Credit Transfer Policy. **Please attach all original or certified documentation such as Statement of Results or Official Transcripts with this application.**

Unit Code	Unit Name	Official Transcript Attached (Y/N)
	Y.....N
	Y.....N
	Y.....N
	Y.....N
	Y.....N
	Y.....N
	Y.....N
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	Y.....N

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Unit Code	Unit Name	Official Transcript Attached (Y/N)
	Y.....N
	Y.....N
	Y.....N
	Y.....N
	Y.....N
	Y.....N
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	Y.....N
	Y.....N

D | DECLARATION

- ✓ I declare that the information & documentation given is true and accurate to the best of my knowledge and I have not wilfully suppressed any information.
- ✓ I understand that if there are any changes to the information provided by me in this form, I would notify RGIT Australia immediately and in the event that I fail to do so, I may be liable for any additional costs incurred.

Signature of Student

Date

For office use only

Received by _____	Signature _____	Date _____
<input type="checkbox"/> Documents verified	<input type="checkbox"/> Processed. Date _____	<input type="checkbox"/> Pending <input type="checkbox"/> Others _____
<input type="checkbox"/> Contact sheet updated		