

APPLICATION FOR CREDIT TRANSFER

PERSONAL DETAILS	
Name:	
Date of Birth:	
Passport Number:	
Mobile:	Email:
Address:	
Student ID number:	

CREDIT REQUEST COURSE/S AND UNIT/S
Course Code:
Course Name:
Unit Code / Name:

YOUR PREVIOUS STUDY/EXPERIENCE FOR WHICH CREDIT IS SOUGHT	
Institution Name:	Completed: Yes or NO (Please circle)
Course Name:	

DETAILS OF PREVIOUS COURSE/S AND/OR UNIT/S					
Unit Code	Unit title	Year completed	Office use only		
			Credit approved	Credit not approved	Remarks

STUDENT DECLARATION

I declare that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the termination of my enrolment with Australian College of the Professions. I agree to release and indemnify the college and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information.

I understand that all credit transfer applications, including all documentation specified on the application form, should be lodged with the college at the time of application.

I understand that accepting this credit is not compulsory, and any Immigration implications this may have are not the responsibility of the College.

Student Name: _____

Student Signature: _____

Date: