

## **CREDIT TRANSFER APPLICATION FORM**

PERSONAL D	ETAILS									
Title			Given Name		Surname					
Address										
Suburb	uburb		State		Postcode					
Email			Phone (BH)		Phone (AH)					
Date of Birth			Gender	☐ Male ☐	Female					
Unique Student Identifier										
UNITS OF COMPETENCY FOR CREDIT TRANSFER										
Unit Code	Unit Code Unit Title									
Dloaco oncuro ti	ho follow	ing documents	are attached to	this form						
		_	of Attainment C	unis form: Qualification, Academic 1	Franscrint show	wing the institution				
			s, unit title/s and			ving the institution				
			another name (e icate of Marriage		nust provide a	certified copy of change				
Should evid		_		an English, a translation	by an accredi	ted translator must be				
provided.										
CONSENT: By s	igning hel	ow Lam consen	ting for FT Austra	lia to contact the Register	ed Training Org	anication that has issued				
the attached St	atement of ification p	of Attainment, C	Qualification, or I v	will provide access to my A e information on how to g	Academic Trans	cript through the USI				
Student Name:										
Student Signatu	ıre:				Date:					

Please refer to the ET Australia Privacy Policy under the Policies & Procedures section of this website regarding the handling of personal information.



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## **OFFICE USE ONLY**

Received by:				Da	ate:								
Credit Transfer has been granted for the following units (verification on file)													
UNITS OF COMPETENCY FOR CREDIT TRANSFER													
Unit Code	Unit Title		Is this a superseded unit, not 'like for like' but deemed equivalent?		Unit Code new UoC.	of	Has currency of competency been determined (2 years)?  Evidence must be included in the comments section below.						
			Yes □				Yes 🗆						
			Yes 🗆				Yes 🗆						
Comments to support verification of currency to grant a Credit Transfer outcome:													
The USI Transcript Service has been used for verification purposes:				Date:									
Assessor Name:													
Assessor Signature:				Date:									