

CREDIT TRANSFER APPLICATION FORM

Student Details

Student Name:	
Student ID:	
Commitment ID (where applicable):	

Course Details

Course Code and Title:	
Qualification or Statement of Attainment for credit transfer	
Issuing Institution - qualification or Statement of Attainment	

Units already held		National recognition Sought		Official use only
Unit Code	Unit Title	Unit Code	Unit Title	Approved / Not approved / Remarks

Number of units of competency approved:	
Revised Duration:	
New End Date:	
Student Signature:	
Compliance Officer's Signature	
Date:	

Office Use Only

VETtrak Updated including revised end date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
STS Portal Updated:	<input type="checkbox"/> Unit of Competency Outcome Code 60 reported on applicable UOCs <input type="checkbox"/> start and end dates revised to date of granting credit transfer
STS Portal Updated with revised end date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRISMS Updated with revised end date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has been informed of assessment outcome:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administration Officer Signature:	
Date completion:	