



For-010 Credit Transfer Application Form

If you have completed any of the units from your chosen qualification from any other Registered Training Organization, we will recognize them at our academy.

For your previous units to be recognized, you need to complete and lodge this form with your enrolment application and evidence to substantiate the claim. All applications for Credit Transfer must be lodged with your enrolment application.

Please note, we can only recognize a unit you have completed for if it:

- Is issued by a Nationally Recognized RTO
- Is issued in the form of a Statement of Attainment

Course code and name: .....

Student Id (if Existing Student) .....

First Name: ..... Last name: .....

Address: .....

..... Suburb: ..... Postcode: .....

Ph (Home): ..... Ph (Work): ..... Mobile: .....

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Email ..... Gender: Male [ ] Female [ ] (Pls tick)

Please detail the Units you wish to apply for a Credit Transfer (please photocopy this application if you need more space to record units).

Table with 5 columns: Institution, Unit Code, Unit Name, Date of achievement, Credit transfer approved. (Official use only). Includes checkboxes for Yes/No.



Institution	Unit Code	Unit Name	Date of achievement	Credit transfer approved. (Official use only)
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Privacy Statement**

Personal information is collected solely for the purpose of operating as a Registered Training Organization under the registering authority (ASQA). The requirements of the registering authority (ASQA) may require the release of your personal information for the purposes of audit.

I hereby consent to Canberra Valley Institute making enquiries and verifying documents and qualifications submitted as part of this application.

I expressly authorize issuing institutions and authorities, including private RTOs, TAFE institutions and universities to provide verification to Canberra Valley Institute of qualifications and statements of attainment issued to me.

**PLEASE ATTACH EVIDENCE OF COMPLETION OF THE ABOVE-MENTIONED UNITS IN THE FORM OF A STATEMENT OF ATTAINMENT FROM THE ISSUING INSTITUTION**

Student signature ..... Date.....

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Canberra Valley Institute   RTO Code: 41498   CRICOS Code: 03937D		Page Sequence:	Page 2 of 3



**FOR OFFICE USE ONLY**

Credit Transfer Approved?  Yes  No

Course Duration Affected?  Yes  No

If yes, then please fill up the following:

New Course Start Date: \_\_\_\_\_ New Course End Date: \_\_\_\_\_

Comments: .....

Director of Studies' Signature ..... Date.....

*Upon completion, please forward this form to person in charge of offer letters and eCOEs. Thankyou.*

**IMPORTANT NOTICE!!**

- This form **MUST** be submitted in the reception to avoid loss or delay in processing of this Application.
- Ensure that all the supporting documents (if applicable) are attached with this application.

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