

CREDIT TRANSFER APPLICATION FORM

Personal Details					
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>					
Given Name:		Family Name:			
Date of Birth					
Address Line 1:					
Address Line 2:					
Suburb:		State:		Postcode:	
Email:				Mobile:	
Student ID:		Course Name:			

Date of Application: _____

In the table below, please list the units that you wish to apply for a credit transfer.

Unit Code	Unit Title	Evidence Supplied	CT Granted (Academic Manager to complete)

STUDENT DECLARATION

Original copies of all Certificates / Statements of Attainment / Academic Records have been provided to Chambers School of Business to copy for the purposes of this Credit Transfer Application Form.

Student Name: _____

Signature: _____

Date: _____

Office Use Only		
Original Certificates / Statements of attainment(s) have been sighted?	• Yes	• No
Copies of all Certificates / Statements of attainment(s) are attached to this application?	• Yes	• No
'CT Granted' column above is completed?	• Yes	• No
Where CT is not granted a written explanation has been provided?	• Yes	• No

Academic Co-ordinator

The above application has been reviewed and outcomes indicated. All original certificates/statements of attainments have been sighted and are attached to this application.

Name: _____

Signature: _____

Date: _____