

CREDIT TRANSFER APPLICATION FORM

Personal Details:

Personal Details			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
Given Name		Family Name	
Student ID		Date of Birth	
Enrolled Course			
Address			
Street			
Suburb		State	NSW Post Code
Email			
Mobile			
Staff Name			

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

Count	Unit Code & Title	Evidence Supplied	CT Granted	
			Yes	No
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>

Student Declaration

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

Student Name			
Signature		Date	

Approval Details

OFFICE USE ONLY		
Original Certificates / Statements of attainment(s) have been sighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of all Certificates / Statements of attainment(s) are attached to this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason/s for not granted Credit Transfer (If any):		

Academic Coordinator/ Manager Declaration

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

Name			
Signature		Date	