



Application for Credit Transfer

Note:

- No request for credit transfer will be processed unless this form is completed fully.
- Student must submit transcript of all the requested units for credit transfer.

Please tick () the relevant information

Section 1: Personal Details

Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: __/__/____
First Name:	Last Name:	Student ID:
Mobile:	Phone (home):	
Email Address:	Campus:	

Section 2: Course Details

Course in which currently Enrolled:

Please list all the units of competency that you are requesting for Credit Transfer. Please note that UTI could grant credit transfer only for 50% of the course (please refer to UTI Credit Transfer Policy).

Unit Code	Unit Name	Institute where completed	Approval (UTI Use Only)
			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"/>

Section 3: Student Declaration

I, _____ (Applicant) hereby declare that the information contained in this application is true. I understand that if my application will approve for credit transfer it will reduce my duration of course and my CoE will be revised accordingly.

Signature: _____ Date: _____

Section 4: Office Use Only

Assessing Staff Name:	Staff Signature:
Comments:	
Evidence Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Application Outcome: Approved <input type="checkbox"/> Decline <input type="checkbox"/>	Student advised by: Email <input type="checkbox"/> Phone <input type="checkbox"/>
PUpdate PRISMS: Yes <input type="checkbox"/> No <input type="checkbox"/>	Update RTO Manager: Yes <input type="checkbox"/> No <input type="checkbox"/>