

## CREDIT TRANSFER FORM

Complete this form if you are applying for a Credit Transfer for the units you have previously completed. If you have any prior Nationally Recognized Training Qualifications or Statements of Attainment for the units completed within Australia, you may be eligible for Credit Transfer. Credit will be granted in accordance with the CAC Credit Transfer Policy and Procedure. You **MUST** be able to present an original certificate with competencies containing nationally recognised titles and codes.

### A. STUDENT COURSE DETAILS

Student Number	
Student Name:	
Enrolled Courses:	
Phone/ Mobile:	
Email	

### B. STUDENT COURSE DETAILS

List the units that you wish to apply for a Credit Transfer in the table below. Please attach all original or certified documentation such as Statement of Attainment or Official Transcripts of results with this application.

Unit Code	Unit Name	CAC to Complete	
		Hours	CT Granted (Y/N)

*If you need more rows to complete, please list them on the back of this form.*

### C. STUDENT DECLARATION

I declare that I have submitted the original or certified copies of all Certificates/Statements of Attainment/ Academic records with this application to Central Australian College for the purposes of this Credit Transfer application and these are original documents obtained through accredited training providers.

Signature of Student: \_\_\_\_\_ Date Submitted \_\_\_\_\_

### D. ASSESSORS DECLARATION

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

Assessor's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Use the table below if you need more rows to list the units for credit transfer.

Unit Code	Unit Name	CAC to Complete	
		Hours	CT Granted (Y/N)

**E. TRAINING MANAGERS DECLARATION**

The above application has been verified. All original or credited copies of the certificates/statements of attainments have been sighted.

- There is no reduction in duration of the course.
- There is reduction in the duration of the course by ..... hrs.

Assessor's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**F. FOR ADMIN USE ONLY**

	Tick as appropriate Date & initial your name.	
Original or certified Certificates/Statements of attainment(s) are attached, sighted and copies retained in the student file.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
'CT Granted' column above is completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Where CT is not granted a written explanation has been provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Has student been notified of the outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Has student accepted the agreed outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Student Enrolment records have been updated in the Student Management System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
PRISMS updated to notify the change in course duration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Credit Transfer information updated in the Result Summary Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	