



## Application for Credit Transfer (CT)

### Student Details

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ DD/MM/YYYY Student ID: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Course Enrolled in: \_\_\_\_\_

In the table below, list the units that you wish to apply for. Attach any supporting evidence.

Unit Code	Unit Name	Evidence Supplied	CT Granted <small>(Academic Manager to complete)</small>

### Student Declaration

Original copies of all academic (Certificates, Statement of Attainments, Transcripts & USI Transcripts) records and other evidence have been provided to Career Development and Training to copy for the purpose of this Credit Transfer application. Note: The record from Colleges' Student Management System print out is not valid.

Student Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

As a result of Credit transfer, the student is expected to complete the course by (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_.

### Notes

**Application for CT**  
Career Development and Training (CDT) is responsible for the assessment and approval of CT.

### Office Use Only

- Original document have been sighted?
- Copies of all documents are attached to this application?
- "CT Granted" column above is completed?
- Where CT is not granted a written explanation has been provide.

Name & Signature of Authorised Officer: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

eBecus Action Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

PRISMS Action Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Letter Sent to student Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_