

## Credit Transfer Application Form

Section A- Student Details			
Applicant Name			
Contact Number		Email	
Name of the course you are enrolling in:			
Section B - Application and Declaration			
Declaration: I wish to apply for credit transfer for the units of competency/modules listed below I have attached original copy of certification documentation from another RTO I declare that all documents supplied are genuine and correct			
Section C – Units for the credit Transfer			
Issuing RTO	Course/Unit Code	Course/Unit Name	Certified copy attached
			<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"/> 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
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			<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"/> Yes <input type="checkbox"/> No
Applicant's Signature			Date
Please return this completed form to the college. If sending by email, please send to info@ibm.vic.edu.au			

Office Use Only	
Processed by:	
Institute's Staff Signature:	Date:
Comments:	