

CREDIT TRANSFER APPLICATION

YOUR DETAILS

Name			
Address			
Email		Date of Birth	
Phone		USI	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

What course are you applying for course credit:	
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Unit/s of competency previously completed

Unit Code	Unit Title	Year

Unit/s of competency in which the credit transfer is to being applied

Unit Code	Unit Title

Evidence for credit transfer is required. Please ensure that:

- A certified copy of your Statement of Attainment, Testamur, Academic Transcript showing the institution name, completion date, unit code(s), unit title(s) and results.
- Where documentation is issued in another name (e.g.: maiden name), you must provide a certified copy of change of name documentation (e.g. Certificate of Marriage)
- By signing this form, I authorise Breakthru College to authenticate the qualification / statement of attainment by contacting the issuing RTO and/or through USI Registry System.

I _____ (applicant name) declare that the information that has been provided in this course credit application is true and accurate, and that I have submitted true copies of the original certificate and transcripts.