



## Application for Credit Transfer

Applicant's Details:	
Full Name:	<input type="text"/>
Student Number (if any):	<input type="text"/>
Contact Phone:	<input type="text"/>
Preferred email:	<input type="text"/>
Date of Birth:	<input type="text"/>

Intended/Enrolled Course Details:	
<i>Details of the course you are intending to study and seeking credit towards</i>	
Course Name:	<input type="text"/>
Commencement Date:	<input type="text"/>

Details of Prior Learning for Credit Assessment:		
<input type="checkbox"/> Prior Study	<input type="checkbox"/> ALIT to ALIT Transfer	
Qualification (complete or part complete)	Institution	Year: (Completed/Studied)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Additional Information (if required)</i>		
<input type="text"/>		

Note: A certify copy of the of the student's Qualification and/or Statement of Attainment/Record of Result must be attached to this form.

For more information of the Credit Transfer process please read [ALIT Credit Transfer Policy](#) or contact [student support](#).



### Declaration:

I certify that the attached or shared evidence in support of this application is accurate and complete. I understand that this application will not be processed unless I provide all required documentation.

**Signature**

**Date**

### Trainer Comments:

In accordance with the ALIT Credit Transfer Policy and based on the evidence provided by the student (certificate/transcript/SOA/SOR)

the student is eligible for Credit Transfer for the following UoC(s).

- 1.
- 2.
- 3.
- 4.
- 5.

Note(if any):

the student is not eligible for Credit Transfer.

**Trainer's Name**

**Signature**

**Date**