

CREDIT TRANSFER APPLICATION FORM

Personal Details				
Student ID	Date of Application			
Given Name(s)	Surname			
Phone	Email			
Course Enrolled				

Credit Transfer Request					
(Student/applicant to complete)					
Unit Code	Unit Title	Evidence	CT Granted (Academic		
		Supplied	Coordinator to complete)		

Student Declaration The information I have provided in this form is correct and complete. I understand that withholding relevant information relating to my application, including academic transcripts(s) may result in my Credit Transfer (CT) Application being rejected. I have attached to this application copies of my Qualification(s), Transcript(s) or Statement(s) of Attainment. I understand that Richmond School of Business (RSB) will verify these certificates with the issuing RTO. I authorise RSB to obtain further information with respect to my application and, if necessary, seek academic information or transcripts from other educational institutions. I understand that RSB is not responsible if an educational body or institution does not verify these records. Signature Office Use Only I confirm that the above application has been reviewed and outcomes indicated. Reviewed by **Position** Date Signature

Original Certificates/ Statement of Attainment(s) have been sighted?

been attached to this application?

Copies of all claimed qualifications Certificates/ Statement of Attainment(s) have

"CT Granted" column above is completed by the Academic Coordinator?

Where CT is not granted, a written explanation has been provided?

Yes □

Yes □

Yes

Yes □

No □

No □

No □

No □