

# Credit Transfer Application Form

Credit Transfer from ACI

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Credit Transfer from another RTO

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## Section 1 – Student Details

Student Name

Student No

Qualification  
Code/ Name

## Section 2 – Application and Declaration

### Student:

- ☐ 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 certification documentation supplied is legitimate, true and correct
- ☐ I understand that ACI shall verify my certification documentation for validity

Student  
Signature

Date

/ /

## Section 3 – Core Units

Sr#	Unit Code	Unit Name	Admin Only			
			Evidence Supplied	Evidence Verified	Outcome	Admin Initial
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

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## Section 4 – Elective Units

Sr#	Unit Code	Unit Name	Admin Only			
			Evidence Supplied	Evidence Verified	Outcome	Admin Initial
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

## Admin Use Only

SMS updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/ /	Initial	
Student file updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/ /	Initial	
Name / Signature				Date	/ /	