

## Credit Transfer Form

Student Details	
Student Name:	
Student ID:	USI:
Contact Number:	Email:

Course(s) Details <small>(For which the student requires the Credit Transfer (CT) for)</small>
1. Course Code & Title:
2. Course Code & Title:

Units to Be Credit Transferred			
Please list below the units you're applying for the grant of CT. CT will be granted to those units where students have demonstrated a particular competence by successfully completing a unit or units at another RTO, provided the Code and Title of the units are identical or equivalent. Please attach all the certified documentation such as Statement of Results or Official Transcripts along with this form.			
Details of Units you are Claiming i.e. what you want a Credit for	For Office Use only		
Unit Code	Unit Title	Granted (Yes or No)	Comments (if any)

Student Declaration and Acceptance of CT Decision	
<ul style="list-style-type: none"> <li>I declare that the information &amp; documentation given is true and accurate and I have not wilfully suppressed any information.</li> <li>I am aware that the CT can be granted to me ONLY after verification of the authenticity of the documents provided by me.</li> <li>I give permission to VTI to contact the RTO's from where I have received the qualifications/Statement of Attainment.</li> <li>I give permission to VTI to verify the authenticity of my submitted Certificates/Statement of Attainments via USI Provider Administration Portal (if applicable).</li> <li>I will be exempted to attend those scheduled units where I have been awarded the CTs.</li> <li>I acknowledge the credit transfers decision for the units is granted to me by VTI.</li> <li>I understand my right to access Complaints and Appeals procedure of VTI, if I am dissatisfied with the outcome of my CT application.</li> </ul>	
Signature:	Date:

Administration Team	
- I have attached certified and authenticated documents/transcripts along with this form. - Application and supporting transcripts has been referred to Assessor on this date.	
Name:	
Signature:	Date:



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 Hobart TAS 7000 Ph: +613 9018 9338  
 E: [info@vocationalinstitute.com.au](mailto:info@vocationalinstitute.com.au)  
 W: RTO 41111 CRICOS 03487C

<b>Assessor Use Only</b> - I confirm that this application to transfer credit is		Name:
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Comments (if any)
Signature:		Date:

<b>Office Use Only</b> - Credit Transfer Processed			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Student Management System Updated	<input type="checkbox"/> Student Notified
Signature:		Date:	



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