

CREDIT TRANSFER APPLICATION FORM LVTAC

Credit transfer allows you to receive credit for previously completed unit(s) of competency.

THIS FORM IS USED TO REQUEST CREDIT FOR PREVIOUS FORMAL STUDIES.	
SURNAME:	FIRST NAME:
POSTAL ADDRESS:	
STATE:	POSTCODE:
HOME TELEPHONE NO:	MOBILE:
EMAIL ADDRESS:	

Previous studies relevant to current enrolment.

Student Name: I _____, wish to receive authorised credit for the following units previously studied at another Registered Training Organisation. Original or a certified copy of the Qualification or Statement of Attainment must be presented in person at LVTAC reception. A copy will be taken to be kept on file as evidence.

Student to complete: List unit/module/subject for which you are seeking credit and provide details of previous study				
Unit Code	Name of Unit	Previous Provider Name and TOID	Credit type	Approved YES/NO
Student Declaration: The information I have provided is true and correct			Manager of LVTAC: I have confirmed the student is entitled to the credit as approved above.	
Student Signature:		Date:	Manager Signature:	