

Application for Credit Transfer

PERSONAL DETAILS	USI		STUDENT NUMBER	
Family Name		Given Names		
Mobile Number				
Australian Residential Address			Post Code	

Intended Course		Level	Adv Dip <input type="checkbox"/>	Diploma <input type="checkbox"/>	Cert 4 <input type="checkbox"/>	Cert 3 <input type="checkbox"/>
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Claim for Academic Credit				
Unit code	Title	Institution	Result obtained	

I declare that to the best of my knowledge the information supplied herein is correct and complete. I acknowledge that the submission of incorrect or incomplete information may result in a cancellation of enrolment at any stage. I recognize that it is my responsibility to provide all necessary documentary evidence of my qualifications and experience. I authorize the InTech Institute of Technology to obtain further information with respect to my application. **Note: Documentary evidence of past statements must be attached**

Student Sign Date .

TO STUDY: THE TICKED SUBJECTS LISTED BELOW ARE TO BE STUDIED AT INTECH				
		<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"/>

Course to be studied		Level	Adv Dip <input type="checkbox"/>	Diploma <input type="checkbox"/>	Cert 4 <input type="checkbox"/>	Cert 3 <input type="checkbox"/>
Credit Given		Months		Fees Concession		

Intech Sign		Date	
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