

Credit Transfer Application Form

ECA Group recognises qualifications and statements of attainment issued by other Registered Training Organisation under the Australian Qualifications Framework. When submitting this application, students must supply certified copies of Statements of Attainment or Qualifications and Transcripts to support credit for Units of Competency already gained. This form can also be completed where students are advancing through to a higher qualification having completed required units from a previous qualification or a combination of previous qualifications.

If you require any assistance in completing this form, please contact Student Services.

RTO: Please Tick

<input type="checkbox"/>  COLLEGE RTO Code: 45012 CRICOS: 02644C	<input type="checkbox"/>  AUSTRALASIAN COLLEGE OF CARE LEADERSHIP AND MANAGEMENT RTO Code: 40829 CRICOS: 03637E	<input type="checkbox"/>  GRADUATE INSTITUTE RTO Code: 91423
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STUDENT DETAILS

Student Number (ID):	Date of Birth:
Family Name:	First Name:
Email:	Phone Number:
Current address:	Suburb:
State:	Postcode:

CREDIT TRANSFER REQUEST

Note: CT can be applied for before enrolment. International students can apply for CT before or after visa approvals.

Units applied for Credit Transfer:		Units Granted Credit Transfer	
Unit Code	Unit Name	Unit Code	Unit Name

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 transcript/s may result in this application being rejected.

I have attached to this application supporting **certified copies** of Qualification(s), Transcript(s) or Statement(s) of Attainment. I understand that the College will verify these certificates with the issuing RTO.

I authorize the College to obtain further information with respect to my application and, if necessary, seek academic information or transcripts from Australian educational institutions. I understand that the College is not responsible if an educational body or institution does not verify these records.

I agree to abide by the regulations and policies of the College.

Student Name:	Date:
Student Signature:	

CREDIT TRANSFER APPROVAL INTERNAL USE ONLY

Qual/SOA certification provided has been verified as true/accurate with the issuing provider	<input type="checkbox"/> YES <input type="checkbox"/> NO
Domestic Students: CT Application Approved <input type="checkbox"/> YES <input type="checkbox"/> NO	Student Notified <input type="checkbox"/> YES <input type="checkbox"/> NO
International Students:	
CT Application Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO
If CT is approved, International Students must explicitly return authorization of credit offered to them.	
Acknowledgement received from the applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO
eCoE with revised End date required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
College Admissions notified of the new end date?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Package students: higher education student services have been notified of new/amended eCoE	<input type="checkbox"/> YES <input type="checkbox"/> NO
Staff member full name:	Staff member position:
Staff member signature:	Date: