

Application for Credit Transfer

(Vocational Educational and Training)

Credit Transfer assesses a course previously studied and / or units/modules against one another to determine the extent to which there is a direct match.

Please read the information pertaining to CREDIT TRANSFER on www.acap.edu.au before completing and submitting this application

1 – STUDENT DETAILS

ACAP student ID number

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Course Name

(E.g. Diploma of Counselling)

Title _____ First Name _____ Family Name _____

Phone _____ Email _____

Address _____

2 – APPLICATION DETAILS

INSERT NAMES OF THE MODULES BELOW

Please note: You must be enrolled in the modules you are applying for CREDIT TRANSFER in.

MUST be completed by STUDENT	Office Use Only		
ACAP Module name / Unit of Competency Code	Approved	Signature Assessor	Comment
	Yes /No		
	Yes /No		
	Yes /No		
	Yes /No		

I HAVE ENCLOSED:

- Certified copies of Statement of Attainments / Transcripts
(**Not** photocopies of certified copies)

3 – DECLARATION AND SIGNATURE

I declare that the information provided in my application for Credit Transfer is true and accurate and that I have read the Policy and Procedure information prior to submitting this application. I authorise the College to update my enrolment in accordance with the outcome of this application.

Student Signature

X	SIGN HERE
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Date

D	D	/	M	M	/	Y	Y	Y	Y
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4 – OFFICE USE ONLY

	Date	Signature
Received by College		
Received by Assessor		
Notification Sent to Student		
Fee paid (not applicable for Credit Transfer)		

Applications may be lodged in person or posted to the relevant campus

SYDNEY
Administration
ACAP
Locked Bag 11
Strawberry Hills
Sydney NSW 2012

MELBOURNE
Administration
ACAP
PO Box 12322,
A'Beckett Post Office
Melbourne VIC 8006

BRISBANE
Administration
ACAP
PO Box 10469
Adelaide Street
Brisbane QLD 4000

Appeals

Appeals can be made in accordance with the Academic Grievances and Appeals Policy and Procedure which can found at www.acap.edu.au