

## CREDIT TRANSFER APPLICATION FORM

### 1. Instructions

- Please refer to the student handbook for information on credit transfers
- If you need assistance with this form, please contact the training administrator.
- Use this form for Credit Transfer application purposes
- Please attach copies of supporting documents only.
- Specified credit is granted where it can be demonstrated that the unit previously studied is an exact or near equivalent of a current unit which contributes to the program in which the student is enrolled.
- All transcripts will be verified for authenticity by the issuing RTO

### 2. Student Details

Surname /Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

### 3. Information related to the course you are seeking credit for (if applicable)

Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_

### 4. Credit Transfer Unit Details – attach transcripts for all units listed

Unit Code	Unit Name	Year Completed	Granted (Y/N)	Approved (Signature)	Date

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-TRNT-FRM-003	Credit Transfer Form	H Harding	J Keogh	J Keogh	0.1	05.03.2022	05.03.2024

## 5. Applicant's Declaration

I declare that the information on this form is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant documentation relating to my application, including academic transcript/s, might invalidate my application and that Parabellum International Training may withdraw this application.

I have read the Parabellum International Training statement on privacy and the purposes for which my personal information will be used.

Student Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Name of staff member processing application \_\_\_\_\_

Date received \_\_\_\_\_

Reasons for non-approval

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Certificate verified with issuing RTO	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verified via USI Transcript with permission given by student VIA usi.gov.au	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student advised of outcome	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Updated in aXcelerate if approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sent to Training Manager for final approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Training Manager/Compliance Manager Signature:

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Date: \_\_\_\_\_

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