

CREDIT TRANSFER APPLICATION FORM

Applicant Name:	
Date of Birth:	
Name of course you are enrolling in?	
Qualification Code:	
Qualification Title:	

Please list relevant qualifications, courses and units in the table below.

(Where you have completed a whole course, you do not need to list each unit separately)

Issuing RTO	Course/unit code	Course/unit name	Certified copy attached?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

No of pages attached: _____

Signature:	
Date:	

Valley International College is a trading name of Valley International Pty Ltd

RTO No: 41413 | CRICOS 03989C | ABN: 54 608 933 357

National Office: 433 Boundary St, Spring Hill QLD 4000

Campus Locations

QLD (Brisbane): 433 Boundary St, Spring Hill QLD 4000 | QLD Regional (Gold Coast): 13 Nerang Street, Southport 4215

SA (Adelaide): Level 2 / 117 King William St, Adelaide SA 5000

ASSESSOR CHECKLIST

- The client wishes to apply for credit transfer and/or competencies held are applicable to their intended enrolment.
- Copy of Statement of Attainment from the issuing RTO has been attached and authenticity has been verified.
- If student has a superseded and equivalent unit, the currency of the unit has been validated from training.gov and screen shots have been provided.

Completed Unit Code from Transcript	Unit Code Student is applying for	D- Direct unit S- superseded and equivalent		Evidence Verified
		<input type="checkbox"/> D	<input type="checkbox"/> S	
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>
		<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/>

Assessor Judgement & Declaration

I have verified that certification documentation supplied is legitimate, true and correct and credit should be granted.

Assessor Name:	
Assessor Signature:	
Date:	

ATTACH VERIFIED COPY OF STATEMENT OF ATTAINMENT AND IF REQUIRED SCREEN SHOTS OF SUPERSEDED AND EQUIVALENT EVIDENCE