International Institute of Training Pty Ltd

Credit Transfer Application Form

- **Please fill out this form and complete all sections**
- **Please ensure that certified supporting documents are attached with this application**

Credit Transfer Application Form

Section 1 – Student Details

Student Name:		Student ID.:	
Course Code and Name:			

Section 2 – Application and Declaration

Student:

☐ I wish to apply for credit transfer for the units of competency/modules listed below.

☐ I have attached original copy of certification documentation from another RTO.

☐ I declare that certification documentation supplied is legitimate, true and correct.

☐ I understand that the Assessor will verify my certification documentation for validity.

Student Signature:		Date:	/ /

Note: International Institute of Training (IIT) may decide to reject an application from a student if the VET transcripts issued by the Registrar cannot be authenticated.

Credit Transfer Application Form
International Institute of Training Pty Ltd t/a International Institute of Training
Campus Location: 13 Tarkin Court, Bell Park, Victoria 3215, Australia
Phone no: 1300 651 348 | Email: info@iitraining.vic.edu.au| Website: www.iitraining.vic.edu.au
RTO Code: 21628 || CRICOS Number: 04028M ||ACN 113 898 721 || ABN 82 113 898 721

Version 4.0

Page **1** of **5**

International Institute of Training Pty Ltd

Section 3 – Units /Modules Outcome (Please ensure that certified supporting documents such as Statement of Attainment/Result or Official Transcripts are attached with this application)						
Student to complete			**Assessor Only (FOR OFFICE USE ONLY)**			
Unit Code	**Unit Name**	**Evidence against the credit transfer requested**	**Evidence supplied**	**Evidence Verified**	**Assessment Outcome**	**Assessor Initial**
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Please note: If you are applying CT (Credit Transfer) for more than 10 units please use the last page						

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Page **2** of **5**

International Institute of Training Pty Ltd

Section 4 – Assessor Judgement and Declaration (FOR OFFICE USE ONLY)					
☐ I declare that I have verified certification documentation and the documents supplied by the student are legitimate, true and correct.					
Application Approved: ☐ Yes ☐ No					
IIT Assessor Name:					
Assessor Signature:		**Date:**		Initials	
Admin Use only					
SMS Updated:	☐ Yes ☐ No	**Date:**		Initials	
Student file updated:	☐ Yes ☐ No	**Date:**		Initials	
Credit Transfer Record Register Updated:	☐ Yes ☐ No	**Date:**		Initials	

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Page **3** of **5**

International Institute of Training Pty Ltd

Units/Modules Outcome

Student to Complete			Assessor Only			
Unit Code	**Unit Name**	**Evidence against the credit transfer requested**	**Evidence supplied**	**Evidence Verified**	**Assessment Outcome**	**Assessor Initial**
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Page **4** of **5**

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Version 4.0

Page **5** of **5**