



FORM MUST BE COMPLETED IN FULL — INCOMPLETE FORMS WILL NOT BE PROCESSED

		PERSONAL DETAILS		
Student Name:				
Address:				
Email:				
Student ID Name:				
Nationality:		Mobile Number:		
Gender: Male	Female	Date of Birth:/		
	remale	Date of Birti.		
Course enrolled in:				
	COMPLETED LINIT	OF COMPETENCY DETAILS (Attach all supporting documents/evidence)		
	OOMI LETED ONT			
UNIT CODE		UNIT TITLE		
-				
Institution (DTO) where stu	idy was undertaken:			
institution (RTO) where stu	iay was undertaken			
DECLARATION				
Lundorstand and saves the				
I understand and agree that: I am applying for Credit Transfer for the unit/s of competency listed above, and have provided Greenwich Management College with the academic records and the evidence required.				
ramappiying for Credit fransfer	ror the unity's of competend	ry instaut above, and nave provided Greenwich wanagement College with the academic records and the evidence required.		
Student Signature (or electronic ackr	Date:	/		
organization (or didoctroring dekt				





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OFFICE USE ONLY				
Completed application from received		Original copies of all academic records sighted		
ASSESSOR:				
Number of competencies assessed for credit transfer:				
Number of competencies approved for credit transfer:				
Where credit transfer not granted, a written explanation ha	s been provid	led:		
ASSESSED BY:				
Name:		_		
Date:/_	/	_		
Signature				
ADMISSIONS:				
Student has been notified about the outcome and fees?	YES	NO		
Has the payment been received?	YES	NO		
Will the length of CoE need to be changed?	YES	NO		
How many terms?				
New Course Finish date://	Term:			
New CoEs created on PRISMS (if required)	YES	NO		
Student course details updated on STARS (if required)	YES	NO		
Relevant documents and CoE uploaded to students file	YES	NO		
Comment written in student's file	YES	NO		
Student has been notified of the outcome of application	YES	NO		
PRISMS UPDATED BY:				
Name:		_		
,	1			
Date:/_	/	-		