

APPLICATION FOR CREDIT TRANSFER

This form is to be used to request credit for formal studies previously completed at either SPASA or another registered training organisation.



STUDENT DETAILS

First Name:	Last Name:	Date of Birth:
Phone:	Mobile:	Email:

CURRENT ENROLMENT DETAILS

Course Name:	Enrolment Date:
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CREDIT TRANSFER – UNIT DETAILS

***Certified copies of previous certificates MUST be supplied and attached.**

PREVIOUSLY STUDIED UNIT/S (To be completed by applicant)			UNITS FOR WHICH YOU ARE SEEKING CREDIT TRANSFER (To be completed by applicant)			
Unit Code	Unit Title	Date of issuance	Unit Code	Unit Title	Granted	Signature of Approving Manager
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	

STUDENT DECLARATION

I have submitted the necessary official original/certified documentary evidence in support of my claim. I acknowledge that submitted documents will not be returned to me. I authorise SPASA to obtain verification of any statements or documents included as part of this application and to reproduce any attachments provided with this form for administrative purposes only. I hearby certify that the information provided in this application is true and correct.

Please keep a copy of this application and supporting documents for your records.

Signature of applicant: _____

Date: _____