

## Credit Transfer Application Form (For SIT Qualifications)

- 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			
<p><b>Student:</b></p> <p><input type="checkbox"/> I wish to apply for credit transfer for the units of competency/modules listed below.</p> <p><input type="checkbox"/> I have attached an original copy of certification documentation from another RTO/ AQF authorised issuing organisation.</p> <p><input type="checkbox"/> I declare that certification documentation supplied is legitimate, true and correct.</p> <p><input type="checkbox"/> I understand that the Assessor will check the authenticity of my original AQF certification document or VET transcript before granting credit transfer.</p> <p><input type="checkbox"/> I understand that if there are any changes to my course duration, I must contact the Department of Home Affairs to check any potential impacts on my visa.</p>			
Student Signature:		Date:	

**Note:** If at any later stage during student's course of study, The College of Business Management Pty Ltd (CBM) becomes aware that fraudulent documents were provided in support of a Credit Transfer application, the credit transfer decision will be revoked with immediate effect.

**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 tick the units for which credit transfer is being applied.							Assessor Only (FOR OFFICE USE ONLY)		
Unit Code	Unit Name	Old Code	Superseded or Equivalent	COURSE NAME	COURSE NAME	COURSE NAME	Evidence supplied	Assessment Outcome Credit Transfer - Granted (G) - Not Granted (NG)	Assessor Initial
							<input type="checkbox"/>	<input type="checkbox"/> G <input type="checkbox"/> NG	
							<input type="checkbox"/>	<input type="checkbox"/> G <input type="checkbox"/> NG	
							<input type="checkbox"/>	<input type="checkbox"/> G <input type="checkbox"/> NG	
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							<input type="checkbox"/>	<input type="checkbox"/> G <input type="checkbox"/> NG	

#### Section 4 – Assessor Judgement and Declaration (FOR OFFICE USE ONLY)

☐ I declare that I have made my judgement based on the certification documentation provided by the student, and that the documents supplied by the student are legitimate, true, and correct to the best of my knowledge.

CoE duration adjusted because of Credit Transfer: ☐ Yes ☐ No

CBM Assessor Name:

Evidence against the credit transfer requested:

Student has been notified in writing of the Credit Transfer outcome decision: ☐ Yes ☐ No

#### Section 5 – Student Acknowledgement and Acceptance

Student Signature:

Date:

OFFICE USE - Admin Use only					
SMS Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:		Initials	
Student Record Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:		Initials	
Credit Transfer Record Register Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:		Initials	

**Please note:** If you are applying for Credit Transfer (CT) for any unit(s) not listed in this form, please request an additional Credit Transfer form from The College of Business Management Pty Ltd (CBM) by calling +61 3 70 466 602 or emailing [reception@cbm.edu.au](mailto:reception@cbm.edu.au).