

CREDIT TRANSFER APPLICATION

DATE (dd/mm/yyyy)			
STUDENT FIRST NAME		STUDENT LAST NAME	
SCEI STUDENT ID (If Applicable)		DATE OF BIRTH	
NAME OF THE COURSE THAT YOU WISH TO DO AT SCEI			
STUDENT ADDRESS			
STREET NUMBER & NAME			
SUBURB		POSTCODE	

<i>Please write the name of the institution, unit code and unit name below. Please note that any errors in the information you provide below may lead to delay in processing your application.</i>			FOR OFFICE USE ONLY
INSTITUTION NAME	UNIT CODE	UNIT NAME	CREDIT APPROVED?
			<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
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<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

STUDENT DECLARATION

I, hereby declare that all the information provided in this form is true and correct.

STUDENT'S SIGNATURE

IMPORTANT NOTICE!!

- **This form MUST be submitted in the Reception in order to avoid loss or delay in processing of this Application.**
- **Ensure that all the supporting documents (if applicable) are attached with this application.**

FOR OFFICE USE ONLY

Credit Transfer Approved? Yes No

Course Duration Affected? Yes No (If yes, then please fill up the following©)

New Course Start Date: _____ New Course End Date: _____

Comments:.....

Course Coordinator's signature Date.....