

## Credit Transfer Application Form

Credit Transfer Application Form					
<b>Section 1 – Student Details</b>					
<b>Student Name:</b>		<b>Student No.:</b>			
<b>Qualification / Course:</b>					
<b>Assessor Name:</b>		<b>Date:</b>	/	/	
<b>Section 2 – Application and Declaration</b>					
<b>Student:</b> I wish to apply for credit transfer for the units of competency/modules listed below. I have attached an 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.					
<b>Student Signature:</b>		<b>Date:</b>	/	/	
<b>Section 3 – Assessor Verification</b>					
Unit Code	Unit Name	Assessor Only			
		Evidence supplied	Evidence Verified	Assessment Outcome	Assessor Initial
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Section 4 – Assessor Judgement and Declaration</b>					
I declare that I have verified certification documentation supplied is legitimate, true and correct.					
<b>Assessor Signature:</b>		<b>Date:</b>	/	/	



LIBERTY  
INSTITUTE OF  
HEALTH AND  
EDUCATION

SMS Updated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /	Initial:	
Student file updated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /	Initial:	



LIBERTY  
INSTITUTE OF  
HEALTH AND  
EDUCATION