



Registered Training Organisation: 45445

CRICOS Provider: 03728B

ST BASIL'S RTO – CREDIT TRANSFER FORM

Policy code	CTF-001	Version 2.3	Effective date: January 2021	
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QUALIFICATION

Code		Title	
Delivery Location			

PERSONAL DETAILS

Preferred title: Mr / Miss / Mrs / Ms	First Name/s:	Middle Name/s:	Surname:
Residential Address:			P/Code:
Postal Address			
(if different from above)			P/Code:
Contact Details:	Home:		Fax:
	Mobile:		Work:
	Email:		
Are you an International Student?	YES	NO	
Qualification/s that you are seeking credit?			

COMPLETING THE FORM

Complete all relevant details on the front of the first page. On the second page you must list your proposed program of study and course equivalents in the relevant sections to ensure you are awarded maximum and appropriate credit.

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STUDENT'S DECLARATION (Please read and sign)

I declare that to the best of my knowledge the information supplied is correct and complete. I acknowledge that incomplete information may result in the application being returned to me. I recognise that it is my responsibility to provide all necessary documentary evidence of my qualifications and I declare that the official academic records provided are a true record of my academic results. I have read and retained the attached information sheet

Signature: _____

Date: _____

ASSESSOR'S COMMENTS:

Assessor's
Name:

Signature: