

CREDIT TRANSFER APPLICATION

Student Name: _____

Student Number: _____

Course Enrolled: _____

Date of Application: _____

In the table below, list the units that you wish to apply for a Credit Transfer.

Unit Code	Unit Title	Evidence Supplied	CT Granted (SCSB Academic Manager to complete)

STUDENT DECLARATION

Original copies of all Certificates / Statements of Attainment / Academic Records have been provided to Southern Cross School of Business to copy for the purposes of this Credit Transfer application.

Student Name: _____

Signature: _____ Date: _____

OFFICE USE ONLY:		
Original Certificates / Statements of attainment(s) have been sighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of all Certificates / Statements of attainment(s) are attached to this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
‘CT Granted’ column above is completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where CT is not granted a written explanation has been provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCSB Academic Manager

The above application has been reviewed and outcomes indicated. All original certificates/statements of attainments have been sighted and are attached to this application.

Name: _____

Signature: _____

Date: _____