

# **Credit Transfer Application Form**

# **Student details**

Student name	
Student number	
Course code and name	
Contact number	

### **Credit transfer details**

Credit transfer sought		Official use only
Unit Code	Unit Title	Remarks



#### Credit transfer guidelines:

- Under the principles of national recognition, a student is granted an automatic credit for any unit that they successfully completed at any other Registered Training Organisation, so long as the unit is within Australian Institute of Higher and Further Education (AIHFE) scope of registration.
- A student may not enrol into a course and apply for credit for all of the units in the course.
- To apply for credit transfer, the student must attach a certified copy of the qualification or the Statement of
  Attainment in order for AIHFE to assess the student's eligibility for credit transfer, or an authentic USI transcript.
- Please note that student must pay \$50 per unit for credit transfer before the application is processed.
- The qualification or the Statement of Attainment must be certified as a true copy of the original by a person who is authorised as a witness for statutory declarations under the Statutory Declarations Regulations 2018 –
  Schedule 2, some of which are listed as follows:
  - o Bank officer with 5 or more years of continuous service
  - Clerk of a court, judge, legal practitioner, magistrate, patent attorney or trademarks attorney
  - Justice of the Peace
  - o Medical practitioner, chiropractor, dentist, occupational therapist, optometrist or physiotherapist
  - Pharmacist
  - Police officer
  - Psychologist
  - Registered accountant, financial adviser or financial planner

Payments should be made to below mentioned bank account:

Account name: AIHFE

BSB: 116 879

Account number: 422966227

## **Declaration**

By signing this form, I certify that the information provided above is true and correct and that I authorise AIHFE to contact the relevant authorities to confirm the authenticity and validity of the attained competencies to confirm my eligibility for a credit transfer.

Signature	
Name	
Date	



Admin Use Only				
Name				
Payment Received				
Action				
Reason for decision				
Logged in student's	☐ Yes	□ No	Date	
file	Logged by:			
Decision letter sent	☐ Yes	□ No	Date	
	Sent by:			
CEO signature				
Date				