

# CREDIT TRANSFER FORM

RTO No: 45065  
P: (02) 9310-4077  
A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040



Student to Complete	
First Name	
Last Name	
Course	
As a student of MindChamps Academy, I wish to apply for a Credit Transfer for the following unit/s. Please find attached a certified copy of my transcript with the relevant unit/s highlighted	
UOC Code	UOC Title
Student signature:	Date:
<b>Assessor to Complete (tick appropriate box below)</b>	
<input type="checkbox"/> Transcript has been checked, units are current or equivalent and student is eligible for "Credit Transfer" of all units listed above	
<input type="checkbox"/> Transcript has been checked and student is eligible for Credit Transfer of some of the units and the explanation is below	
<input type="checkbox"/> Transcript has been check and the student is NOT eligible for Credit Transfer. An explanation of the reason why is below.	
<b>If student is NOT eligible for a unit or units to be recognised for a Credit Transfer, please write your reasons why below:</b>	

# CREDIT TRANSFER FORM

RTO No: 45065  
P: (02) 9310-4077  
A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040



<b>Checklist</b>			
<input type="checkbox"/> Units of competency are equivalent – COMMENT:			
<input type="checkbox"/> Eligible units have been entered into the data base as CT (Credit Transfer)			
<input type="checkbox"/> Student has been notified in writing as to the outcome of Credit Transfer			
<input type="checkbox"/> Trainer has been notified in writing that student has received a Credit for eligible units			
Checked by:			
Signed:		Date	