

CREDIT TRANSFER REQUEST FORM

ABOUT THIS FORM

This form is to be utilised for providing credit transfers to learners for units of competencies or modules they have completed where there is evidence of AQF Certification by an RTO or AQF-authorized issuing organisation or authenticated VET transcripts issued by Registrar (USI Transcript Provider).

Students need to fill Credit Transfer Request Form and attach all the relevant evidence to support this application.

Ashford College appreciate students applying for Credit Transfer at the time of enrolment or before commencement. Ashford College will grant Credit Transfer for all eligible units of competency where evidence requirements are met, subject to packaging rules. Please refer to the Credit Transfer Policy and Procedure for details

STUDENT DETAILS

Full Name

Student ID

Date of Birth

Email

Phone

Address

Course Enrolled

USI Number

DETAILS OF PREVIOUS QUALIFICATION

Course Code and Name

Institute Name

Completion Status

Completed Not Completed

STUDENT DECLARATION

I declare that the documents and information I have provided for Credit Transfer Request is true and correct. I authorize Ashford College to contact my previous provider and Registrar (USI) to verify my claim for Credit Transfer.

The information collected in this form will be used only for assessing and recording your Credit Transfer application. It will be stored securely in accordance with Ashford College's Privacy and Records Management Policy and not disclosed to any third party without your consent, except as required by law.

If my application is not approved, I understand I may appeal the decision under AGIT's Complaints and Appeals Policy.

Student Signature _____ Date _____

ADMIN USE ONLY

Admin Officer Name _____

Original document sighted and certified copies attached

YES NO

Signature of Admin Officer _____

Date Processed to Academic Manager _____

ACADEMIC MANAGER ONLY

I have verified the supporting documents by

Transcripts National Register (USI) Contacted Institution

Result of Application

Approved Not Approved

Basis of Approval

Equivalent Units Articulation VET Provision

Signature of AM _____

Date of Approval _____

OFFICE USE ONLY

All records and decisions relating to this Credit Transfer application will be retained for a minimum of 2 years from the competency decision date, in compliance with SRT0 2025 Clause 10(c).

Student informed of outcome

Yes No

Date _____

CoE revised and sent to student (if done after commencement)

Yes No

Date _____

SMS updated

Yes No

Date _____

Updated Training Plan sent to student with acknowledgement

Yes No

Date _____

Admin Officer Name _____

Signature _____

Previous Studies			Units you are seeking Credit for at Atlas Education			
Unit Code	Unit Name	Year of Completion	Unit Code	Unit Name	Approval	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No