QUEENS COLLEGE OF VOCATIONAL EDUCATION

Level 2-3, 376, Bourke street, Melbourne -3000, VIC, Australia

Mobile:- 0452 144 707 | Phone:- 03 8590 3634

Website:- www.qcve.com.au | E-mail:- info@qcve.com.au

RTO Code:- 30743 | CRICOS CODE:- 02403J

## **CREDIT TRANSFER FORM**

STUDENT DETAILS			
Student Name:			
Date of Birth:		Student ID:	
COURSE DETAILS (Course	student requires the Credi	t Transfer for)	
Course Code and Name			
Previous Qualifications th	nat the student Hold (If an	y)	
1.			
2. 3.			
Unit Details (unit code ar	nd name)		CT approved (Y/N) (for office use only)
-	ecord of Result and or Staten undertaken. All the acade n before processing CT)		
Student Signature:		Date:	

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Academic Use Only								
Statement of Attainmen with Issuing RTO	lts verified	verified Yes No						
Course details after processing CT ( see attached sheet)								
Student informed of the decision and Timetable Issued to the student (please ask the student to complete the acceptance of credit transfer on page 2 of this form)  Yes  No								
Authorised Signatory			Date					
Admin Use Only								
Approved Fee (AUD):								
Course Start Date			Course End Date					
CoEs issued with approved duration and fees?  Yes No								
Signature				Date				
Credit Transfer units updated on SMS		Yes	Yes No					
Signature				Date				
Student Acceptance of Credit Transfer Decision								
<ul> <li>I acknowledge the credit transfers decision for the units granted to me by Victorian College of Education.</li> <li>In the view of grant of Credit Transfer for the above units, my course schedule will be reviewed and modified.</li> <li>If the credit transfer is given before the student visa granted, the actual net course duration (as reduced by course credit) will be indicated in the confirmation of enrolment for that course.</li> <li>If the credit transfer is given after the student visa grant, the change of course duration will be reported via PRISMS under section 19 of the ESOS.</li> <li>I understand my right to access Complaints and Appeals procedure of College, if I am not satisfied with the outcome of my credit transfer application.</li> </ul>								
Student Signature:	ant transier applica	icion.	Date:					