ITHEA Corporation Pty Ltd trading as Institute of Tertiary & Higher Education Australia * T: +61 3 9650 3900 * F: +61 3 9650 3199 * E: info@ithea.edu.au * W: www.ithea.edu.au City campus: Level 11, 168 Lonsdale Street, Melbourne, Victoria, 3000, Australia * CRICOS Provider Code: 02892J * RTO Number: 22037 * ACN: 125 368 569 * ABN: 81 578 106 574



PART B: Credit Transfer/National Recognition/ Application Form

This form is to be used by students wishing to apply for Credit Transfer or National Recognition. Please complete the Credit Transfer/National Recognition Application Form, attach a copy of a verified Award or Statement of Attainment and submit the application to the Administrative Staff.

Personal details:							
First Name:		Last Name:					
Address:							
	Post code:						
Date of Birth:		Gender: (circle one)	Male	Female			
Student Number:		Select ONE:	Domestic	International			
Email:		Telephone/Mobile:					
Course:		Trainer:	Date	:			
Course Details							
Name of Education Provider:							
Course code	Course title						
Please list units of comp	petency you are seeking	Credit Transfer/National Re	ecognition/l	RPL for.			
Unit Code	Unit Name						
Checklist:							
Do you have a copy of each unit of competency for which you are applying for Crea Recognition?			ter/National	YES/NO			
Have you collected as much evidence as you can to support your application?				YES/NO			
Have you completed this Application Form in full?			YES/NO				
Declaration							

I declare that the information contained in this application is a true statement of my education.

Signed:

Date:

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CRICOS Provider Code: 028	392J • RTO Number:	22037 • ACN: 125 368 569 • ABN: 81 578 1	06 574 Institute of Tertiary & Higher	Education Aust	ralia			
OFFICE USE ONLY: Credit Transfer/ National Recognition Evaluation Form								
Application received by: Date:			Date:					
			Charle at Name to a					
Student Name: Student Num			Student Number:	,				
Name of Education	on Provider:							
Course code Course title								
Course Coording	tor/Assessor'	s Outcome:		СТ	/			
Course Coordinator/Assessor's Outcome:					Recognition			
Unit Code	Unit Title			granted				
				Y	N			
				Y	N			
				Y	N N			
	1			Y	N			
				Y	N			
				Y	N			
				Y	N			
				Y	N			
				Υ	N			
				Y	N			
				Υ	N			
				Y	N			
				Y	N			
	<u> </u>			Υ	N			
If insufficient space	e, please attac	h page.						
Course Coordina	tor/Trainer Co	omments:						
Coorse Coordina	ioi/iidiliei C	ommenis.						
Result of Evaluation	on: Ap	oplication accepted	Application not a	ccepte	d			
Application assessed by:		Position:						
	•							

Signature:

Date: