

Request for Credit Transfer or Recognition of Prior Learning



Surname:		Date of Birth:	USI:
First Name:		Address:	
Mobile Phone:			
Email:			

Qualification: <i>(e.g. Certificate IV in Aged Care)</i>	
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Which units are you seeking a Credit Transfer (CT) or Recognition of Prior Learning (RPL)?

Unit Code	Unit Name	Tick the box or boxes that best describe the Evidence you are able to provide					
		Formal Course Certificates	Transcript of Results or Statement of Attainments	Work Experience	Life Experience	Third party / supervisor Report	Other

I verify that the information I have provided is true and correct and understand that my application for Credit Transfer or Recognition of Prior Learning is not guaranteed.

Student Signature: _____ Date: / /20

Please submit this form with your enrolment form.
You will be contacted on the phone number provided above by an Astute Training staff member to further discuss the application process.