

STUDENT CREDIT TRANSFER FORM

Credit Transfer applies to situations where students have completed units; identical to those they are currently enrolled in, at another TAFE College or Registered Training Organisation. Credit will be granted in accordance with the Mutual Recognition Procedure.

STUDENT DETAILS:

First Name:				Family Name:	
Student ID:				Contact Number:	
Address:					
Email Address:					
Current Course:					
DETAILS OF CURF	RENT S	TUDY:			
Course Name:				Course Code:	
DETAILS OF PREV	/IOUS S	STUDY:			
Name of institution:					
Name of qualification:					
Year of completion:					
(Attach a photocopy of	the relev	vant Qualificatio	on or Statement of	Attainment)	

COMPETENCY BASED ON CREDIT TRANSFER HAS BEEN ASSESSED FOR THE FOLLOWING UNITS:

Unit/s Code	Unit/s Name	Equivalent Units	Outcome (Granted / Rejected)

COMMENTS:

FORM/DOCUMENT: Student Credit Transfer form Logic Entity Australia Trading as Abbey College Australia

ABN: 24 107 680 026 CRICOS: 02658G RTO: 91136

Updated: July 2025, version 3.0

Abbey						
Reason For Non-Approval Code:						
O Unit outcomes not fully covered	Further Explanation (If Required):					
O Maximum amount of credit already granted						
O Previous work experience does not meet requirements						
O Level of previous study not appropriate.						
Student Consent for Verification of Quali	fications					
By signing this form, I authorise Abbey College Australia and its representatives to:						
Contact any issuing institutions or registered training organisations (RTOs) listed in this form to verify the						
qualifications or statements of attainment I have submitted in support of my credit transfer application.						
Access my USI (Unique Student Identifier) transcrip	pt data via the USI portal, where applicable, and in					
accordance with national privacy regulations.						
Retain and securely store this information as part	of my student record, in line with Abbey College Australia's					
privacy and records management policies.						
I understand that without this consent, my credit t	ransfer application may not be processed.					
Full Name:						
USI Number:						
Signature:						

Privacy Statement

Date:

Assessor Name:

Assessor Signature:

Student Signature:

Information is collected on this form and during your enrolment in order to meet the College obligations under the ESOS Act and the National Code; and to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. The authority to collect this information is contained in the Education Services for Overseas Students Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Protection Service. In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law. Under the National Privacy Principles, you can access personal information held on you and you may request corrections to information that is incorrect or out of date.

Position: _____

Date: ____/____

Date: ____/___/

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