

Credit Transfer Application Form

Credit Transfer Application Form		
NAME (BLOCK LETTERS)		STUDENT NO:
COMPANY:		
ADDRESS		POSTCODE
TELEPHONE	FAX	MOB:

Units of competency//Credit Transfer: (Please contact 9380 8237 if assistance is required)

Unit Code	Unit Name	REIWA Administration			
		Evidence Provided	C:T Applied Yes/No	Sign	Date

I have read the Credit Transfer Policy and understand that if this application is successful that I will be given advanced standing in the relevant units of competency and relevant courses. I understand that I will only receive advanced standing for these units upon successful submission of the requirements for each unit.

I have supplied an original/certified copy of my qualification/statement of attainment for the units I am claiming recognition.

Name: _____

Signed: _____ Date: ____/____/____

Please forward this form to: REIWA Learning, 211 Hay Street, Subiaco, WA, 6008 or fax on 08 9382 3489

REIWA Administration Credit Transfer Application received by:

Name: _____

Signature: _____ Date: ____/____/____