

RTO form: APPLICATION FOR CREDIT TRANSFER

Name _____

Phone: _____ Email _____

1. Complete one of these applications for each unit of competency
2. ATTACH ANY DOCUMENTS YOU HAVE AS EVIDENCE
3. Hand in package to trainer/assessor or Training Coordinator or post to Manager MDS
Training Macarthur Disability Services PO Box 284 Campbelltown 2560

Name of unit and code of unit which credit transfer is required for:		
Unit code on transcript	Reason for Recognition	Outcome (RPL/CT or NYC)

Assessor Recommendation

Circle recommendation

Application granted
Application denied
More evidence required

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Assessor's Name: _____ Date: _____

Assessor Signature: _____

1. Once decision has been made:

- If student is successful, copy application and evidence and store in students file and update student records

- If student application is denied a detailed explanation must be provided

- If an application requires additional evidence a detailed explanation or suggested additional evidence must be provided.

2. Copy of completed application with outcomes recorded is forwarded to student:

Name: _____ Date: _____

Signature: _____