

# FS050 Application for Credit Transfer

## Submission Details:

Please ensure you read the Credit Transfer section of the Student Handbook prior to submitting this form.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Student USI: \_\_\_\_\_

Please indicate the qualification you are applying to enrol in or are currently enrolled in relevant to the application:

Qualification Code and Title: \_\_\_\_\_

Location: \_\_\_\_\_ Trainer/Assessor Name: \_\_\_\_\_

### Evidence Supplied:

- Certified copy of a Statement of Attainment or Record of Results
- Authenticated VET Transcript from the USI Office
- I have provided AGB Training with access to view my transcript via the USI Office (See Important Information for instructions).

### Student Declaration:

- I have fulfilled all the requirements to be eligible for consideration.
- To the best of my knowledge, the information given in this application is correct and complete.
- I understand that submitting false or misleading information may result in any offer of a place withdrawn at any stage, including after a course has commenced.
- I understand that AGB Training reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information.
- I understand this application forms part of my Enrolment Application and Pre-Training Review.
- I have read and understood the Important Information section of this form.
- I have read and understood the Student Handbook.
- I authorise AGB Training to conduct a search and retrieval of my academic records from my previous institution(s) to verify the information contained in my application.
- I understand that AGB Training collects, stores, and uses personal information in accordance with the college Privacy Policy, available at <https://www.agb.edu.au/about/policy-and-procedures>

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitting this Form		
Submit this form in person:	Post this form to:	Email this form to:
31 Barwon Terrace, South Geelong Victoria, 3220	PO BOX 1284, Geelong, Victoria, 3220 <b>International (Onshore and Offshore) Students:</b> Please address your application to: AGB Training (International Submission)	<a href="mailto:studentsupport@agb.edu.au">studentsupport@agb.edu.au</a>

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**Office Use Only:**

EVIDENCE ATTACHED:  Yes  No

Credit Transfer Applied For:		AGB Training Unit/s of Competency:		Gaps Identified		CT Granted	
UNIT CODE	UNIT TITLE	AGB UNIT CODE	AGB UNIT TITLE	Yes	No	Yes	No

**Notes:**

<b>MANAGER/ASSESSOR:</b>	<b>PRINT NAME:</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	
<b>PROCESSED BY:</b>	<b>PRINT NAME:</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	