

**Credit transfer** means the process of recognising and awarding credit for prior successful completion of an equivalent unit of competency or module.

The application form below must be completed and submitted by students wishing to apply for Credit Transfer. This form must be accompanied by appropriate supporting evidence as discussed with your Stella College Representative.

Student Name:	
USI Number	
Address:	
Phone:	
Email:	
Select the course you wish to apply the Credit Transfer for	<input type="checkbox"/> <b>FBP30121 - Certificate III in Food Processing</b> <input type="checkbox"/> <b>CHC33021 Certificate III in Individual Support</b> <input type="checkbox"/> <b>CHC43015 Certificate IV in Ageing Support</b> <input type="checkbox"/> <b>CHC43121 Certificate IV in Disability Support</b> <input type="checkbox"/> <b>CHC43415 Certificate IV in Leisure and Health</b> <input type="checkbox"/> <b>MSS30322 - Certificate III in Competitive Systems and Practices</b> <input type="checkbox"/> <b>MSS40322- Certificate IV in Competitive Systems and Practices</b>

**Credit Transfer (In the table below, list the units that you wish to apply for a Credit Transfer)**

Unit Code	Unit Title	Student Initial	CT Granted (RTO to Complete)

**Student Declaration:**

I confirm that I have provided original or certified copies of all Certificates, Statements of Attainment, and Academic Records with this application to Stella College for the purpose of this Credit Transfer request. I declare that these documents are genuine and have been issued by accredited training providers. I understand that the Assessor will verify the authenticity and validity of my certification documents.

<b>Student Signature:</b>	
<b>Date:</b>	

*Administration Use Only:*

*(The above application has been reviewed, and the outcomes have been recorded. All original or certified copies of the Certificates and Statements of Attainment have been verified and are attached to this application.)*

Credit Transfer Granted	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Comments:
Training Plan adjusted	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Student notified about the outcome	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Stella College Representative Name:		
Signature:		
Date:		