## Advanced Standing Credit Transfer

## Vocational Education

BUR
SWINBURNE UNIVERSITY OF

Credit Transfer is the SAME or EQUIVALENT (content and learning outcomes), as stated in Curriculum or Training Package documentation, for a unit of competency which has been successfully completed at another educational institution. No fees apply.

Instructions for Student

1. Complete Sections A and B.
2. Attach certified copies of academic transcript(s) and qualification(s) to this form (if previously not submitted)
3. Submit this form and supporting documentation in person to studentHQ or via email to askgeorge@swin.edu.au

## Instructions for studentHQ and

Enrolment Advisor/Apprentice Office

1. StudentHQ to forward this form and certified supporting documentation to Enrolment Specialist (PAVE) - ES(PAVE) or Apprenticeship Officer (AO).
2. $\mathrm{ES}(\mathrm{PAVE}) / \mathrm{AO}$ to commence assessment \& application process in Student One.
3. If required, the ES(PAVE)/AO forward the form and supporting documentation to relevant Manager in the teaching department for approval.

## nstructions for Manage

1. Assesses the documentation provided for each unit.
2. Complete all sections and return completed form and certified supporting documentation to the ES(PAVE)/AO to finalise the application in Student One.
EA: eapave@swin.edu.au
AO: shqapprentices@swin.edu.au

Section A - Student Details

| Student First Name | Student Surname |  | Student ID: |
| :---: | :---: | :---: | :---: |
| Contact Number: | National Course Code: | National Course Title |  |

Section B - Unit Information and Outcome

| Unit(s) Previously Achieved (from another course/institution) |  |  |  | Swinburne Unit(s) (for which Credit Transfer is being sought) |  | Unit outcome |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Unit Code | Unit Title | Institution | Year | National Unit Code | National Unit Title | Granted |  |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
|  |  |  |  |  |  | Yes | No |
| Section C - Department Approval |  |  |  |  |  | Staff me |  |
| Department name |  |  |  | Signature |  | Signatur |  |
| Manager/Enrolment Advisor Name |  |  |  | Date |  | Date |  |

