



AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St
Melbourne, VIC 3000, Australia
Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au
CRICOS No: 03483G | RTO No : 40794

Credit Transfer Application Form

- Please fill out this form and complete all sections
- Please ensure that certified supporting documents are attached with this application

Credit Transfer Application Form

Section 1 – Student Details

Student Name:		Student ID.:	
Course Code and Name:			

Section 2 – Application and Declaration

Student:

- I wish to apply for credit transfer for the units of competency/modules listed below.
- I have attached original copy of certification documentation from another RTO.
- I declare that certification documentation supplied is legitimate, true and correct.
- I understand that the Assessor will verify my certification documentation for validity.

Student Signature:		Date:	/ /
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Note: Australian Study Link Institute (ASLI) may decide to reject an application from a student in the event that the VET transcripts issued by the Registrar cannot be authenticated.



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Section 3 – Units /Modules Outcome

(Please ensure that certified supporting documents such as Statement of Attainment/Result or Official Transcripts are attached with this application)

Student to complete		Assessor Only (FOR OFFICE USE ONLY)				
Unit Code	Unit Name	Evidence against the credit transfer requested	Evidence supplied	Evidence Verified	Assessment Outcome	Assessor Initial
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Please note: If you are applying CT (Credit Transfer) for more than 10 units please use the last page



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Section 4 – Assessor Judgement and Declaration (FOR OFFICE USE ONLY)

I declare that I have verified certification documentation and the documents supplied by the student are legitimate, true and correct.

Application Approved: Yes No

ASLI Assessor Name:

Assessor Signature:

Date:

Initials

Admin Use only

SMS Updated:

Yes No

Date:

Initials

Student file updated:

Yes No

Date:

Initials

Credit Transfer Record

Register Updated:

Yes No

Date:

Initials



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Units/Modules Outcome

Student to Complete		Assessor Only				
Unit Code	Unit Name	Evidence against the credit transfer requested	Evidence supplied	Evidence Verified	Assessment Outcome	Assessor Initial
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		



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			<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		