

<p><b>Office Use Only</b></p> <p>Date Received</p> <p>____/____/____</p> <p>Received by</p> <p>_____</p>	<h1>APPLICATION FOR TRANSFER OF CREDIT</h1>	
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Use this form to apply for **transfer of credit** into a course of study at CHC. This includes recognition of prior learning (RPL), recognition of current competence (RCC) and *pre-approved* cross-institutional studies undertaken towards your CHC course.

If you wish to apply for approval to study units at other institutions to credit towards your CHC course, you should complete a *Cross-Institutional Enrolment Application Form A*.

Applications for transfer of credit are to be accompanied by the required documentation (see below), or they will not be processed.

Please send your completed form and required documentation to:

**The Registrar, Christian Heritage College  
PO Box 2246, Mansfield BC, QLD 4122**

The date of application is the date on which this form is received by CHC.

By submitting this form, you are declaring that the information it contains is true and correct. If any information is found to be incorrect, the application will be withdrawn and any Transfer of Credit granted on the basis of the incorrect information will be revoked.

Please note that applications for Transfer of Credit will not be accepted for units in which you have commenced study.

Overseas students must make application for Transfer of Credit at the time of their application for admission. Overseas students pay a Transfer of Credit Application fee of \$50, and a Credit Transfer fee of \$5 per credit point.

For policies regarding the guidelines for assessing Transfer of Credit applications, Recency of Study for Transfer of Credit Purposes, and Time Limits for Course Completion, please see the CHC website.

You will be advised in writing of the outcome of your application.

## NAME AND CONTACT DETAILS

**Name:**

Title (Dr/Mr/Mrs/Ms/Miss/etc): .....

Family Name: .....

Given Names: .....

Preferred Given Name: .....

**Address:**

Street: .....

Suburb: .....

State: ..... Postcode:

Phone: Day

Mobile

**Student Number:** .....

**Email:** .....

*Please provide only if you have not already been issued with a CHC email address*

## DETAILS OF APPLICATION

**Course:**

Course Name: .....

Course Code: .....

**I am applying for:**  Transfer of Credit for previous studies  
 Pre-approved Cross-institutional enrolment studies

Recognition of prior learning (RPL)  
 Recognised current competence (RCC)

Please indicate the previous studies, experiences, competencies and/or pre-approved cross-institutional units for which you are seeking credit or exemption in your CHC course (attach separate sheets if necessary):

Courses / Units / Experiences / Competencies	Institution(s)	Year(s)	Workload (credit points/semester hours)



Please attach the following documentation, as appropriate (*certified photocopies only*), or your application will not be processed:

- Official academic transcripts for prior courses and/or units;
- Unit outlines for individual units for which Transfer of Credit is sought;
- If the institution is not a recognised higher education institution, a statement regarding the accreditation status of the courses and/or units;
- For RPL and/or RCC, descriptions and/or documented evidence of such learning and/or competencies;
- For pre-approved Cross-institutional enrolment studies, the letter of approval from CHC to undertake the units and the official statement of results or academic transcript for the unit(s) concerned;
- Any other relevant documentation or information to support your application.

**DECLARATION**

Please read the following statement, then sign and date the form before returning it to the address indicated on page 1 of this form.

I declare that the information provided on this form, including any and all attachment, is, to the best of my knowledge, correct and complete in every detail.

Signature of Applicant: ..... Date: ..... / ..... / .....

OFFICE USE ONLY			
1. SCHOOL ADMIN	Application details entered	Initials: .....	Date: ..... / ..... / .....
2. DEAN/COURSE COORDINATOR	Application assessed <input type="checkbox"/> Credit given <input type="checkbox"/> No credit given	Initials: .....	Date: ..... / ..... / .....
3. REGISTRAR'S OFFICE	Details entered into Filemaker Assessment verified	Initials: .....	Date: ..... / ..... / .....
4. STUDENT ADMIN	Email/Letter sent	Initials: .....	Date: ..... / ..... / .....