

Course Credit Application Form

Please print in BLOCK LETTERS

PERSONAL DETAILS

TITLE: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> OTHER
Family Name:
Given Name:
Student Number:
Qualification you are seeking credit(s) in:

Supporting Documentation required (as applicable):

- Certificates of Qualification
- Statements of Attainment
- Detailed course transcripts for all units
- Originals can be sighted, or certified copies attached to your application.
(Documents not originally in English must be translated by a qualified translator.)
- Completed Application for Course Credit Form.

PLEASE NOTE THIS APPLICATION WILL NOT BE PROCESSED IF ALL SUPPORTING DOCUMENTS ARE NOT ATTACHED

Applicants Declaration

I hereby certify that the particulars and documentation that I have supplied are correct in every detail.

Signature: _____ Date: _____

Approval Certification

As the WAIFS representative, I hereby state that I have sighted the original or certified copies of the documents (copies attached) which support this application.

Signature: _____ Date: _____

Name: _____

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Details of Study Completed (SUPPORTING DOCUMENTS ARE REQUIRED)				
Location of study	Location (H,R,U)	Course code	Course Description	Year of Study

H – High School; R – RTO; U – University

Record of Course Credit Granted TO BE COMPLETED BY WAIFS HEAD OF DEPARTMENT OR AUTHORISED TRAINER & ASSESSOR ONLY		
Unit Code/Name	Course/Unit Description	Competent (C) or Not Yet Competent (NYC)

Signed (Head of Department/WAIFS Trainer)

Date: _____