



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:

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: _____

CRICOS Provider No. 03188C RTO Provider No. 52128	Author: WAIFS	Current Version: 4.0		
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Details of Study Completed (SUPPORTING DOCUMENTS ARE REQUIRED)				
Location of study	Location (H,R,T,U)	Course code	Course Description	Year of Study

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

Record of Course Credit Granted TO BE COMPLETED BY WAIFS HEAD OF TRAINING/WAIFS TRAINER ONLY		
Course Code/Unit Code	Course/Unit Description	Competent (C) or Not Yet Competent (NYC)

Signed (Head of Training/WAIFS Trainer): _____ Date: _____

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