

Applicant Name	USI
Course Code & Name	
Applicant Email Address	
This Application for Cradit Transfer Form has been provided as you indicated an your enrolment form that you have	re proviously completed appredited study in the

This Application for Credit Transfer Form has been provided as you indicated on your enrolment form that you have previously completed accredited study in the relevant industry. Please return this form along with clear quality copies of your Qualification/ Statement of Attainment/Record of Results/Academic Transcripts.

Complete a Verification of Authenticity approval form (attached) for each Certificate. Please ask one of our team if you would like assistance in completing this form.

Please list the documents attached. Where you have completed a whole course, you do not need to list each unit separately.

Issuing RTO	Course/unit code	Course/unit name	Copy attached?

The Australian Employment & Training Services team will assess your application for equivalency, verify your qualifications, and email the outcome to you and your Trainer Assessor. Students with approved credit transfer units are welcome to attend the relevant classes as a refresher but will not be reassessed. Should you wish to view the *SC2: Credit Policy* please ask any AEATS team member.

Applicant Signature

Application Submission Date

SC2.1 Credit Application & Authority to Verify Academic Transcripts V1
Australian Employment & Training Services | PO Box 470 Mooloolaba QLD 4557 | 1300 630 366



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Dear Registered Training Provider or University	
(Inse	ert Provider Name)
RE: Verification of Authenticity	
Iauthorise Australian Employment and Training Services to liaise with the relevant persor purposes of verifying my Qualification/ Statement of Attainment/Record of Results/Acad	nnel for the
Signature	
Contact Number	



Dear Registered Training Provider or University
(Insert Provider Name
RE: Verification of Authenticity
(Student Name,
authorise Australian Employment and Training Services to liaise with the relevant personnel for the purposes of verifying my Qualification/ Statement of Attainment/Record of Results/Academic Transcripts.
Signature Date:
Contact Number



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Dear Registered Training Provider or University
(Insert Provider Name,
RE: Verification of Authenticity
authorise Australian Employment and Training Services to liaise with the relevant personnel for the
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Signature Date:
Contact Number



//
Dear Registered Training Provider or University
(Insert Provider Name,
RE: Verification of Authenticity
I
Signature Date:
Contact Number



//
Dear Registered Training Provider or University
(Insert Provider Name)
RE: Verification of Authenticity
I
Signature



Dear Registered Training Provider or University
(Insert Provider Name)
RE: Verification of Authenticity
I(Student Name) authorise Australian Employment and Training Services to liaise with the relevant personnel for the purposes of verifying my Qualification/ Statement of Attainment/Record of Results/Academic Transcripts.
Signature Date:
Contact Number