



## Credit Transfer Application Form

### Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:  
 Mars Institute - 5/200, Turner Street, Port Melbourne, VIC 3207. Telephone: +61 3 9645 2259  
 Email: info@mars.edu.au | Website: www.mars.edu.au

### Section 1 – Student Details

Student Name: \_\_\_\_\_ Student No.: \_\_\_\_\_  
 Course Code & Description: \_\_\_\_\_ Assessor Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: \_\_\_\_\_

### Section 3 – Units / Modules Outcome

Term	Definition	Assessor Only			
		Evidence supplied	Evidence Verified	Assessment Outcome	Assessor Initial

### Section 4 – Assessor Judgement and Declaration

I declare that I have verified certification documentation supplied is legitimate, true and correct.

Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Office Use Only

<b>SMS updated:</b>	<input type="radio"/> Yes	<input type="radio"/> No	<b>Date:</b> _____	<b>Initial:</b> _____
<b>Student file updated:</b>	<input type="radio"/> Yes	<input type="radio"/> No	<b>Date:</b> _____	<b>Initial:</b> _____
<b>Student Notified:</b>	<input type="radio"/> Yes	<input type="radio"/> No	<b>Date:</b> _____	<b>Initial:</b> _____