



	FORM MUST B	E COMPLETED IN F	ULL — INCOMPLETE FORMS WILL NOT BE	PROCESSED			
PERSONAL DETAILS							
Student Name: Address: Email:							
Student ID Number:			Mobile Number:				
Nationality: Gender:	Male	Female	Date of Birth:				
Course enrolled in:	riate	remate	Date of biltin.				
	COMPLETE	D UNIT OF COMPE	ETENCY DETAILS (Attach all supporting docum	ents/evidence)			
UNIT COL			UNITTITLE	,			
Institution (RTO)	where study wa	as undertaken:					
			DECLARATION				
I understand and agree that I am applying for Credit Tran		mpetency listed above, and h	nave provided Greenwich Management College with the academi	c records and the evidence required.			
Student Signature: [or eletronic acknowledgment]:							

**Greenwich College** 





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OFFICE USE ONLY					
Completed application form received Original of ASSESSOR:	copies of all a	cademic records sighted			
Number of competencies assessed for credit transfer:					
Number of competencies approved for credit transfer:					
Where credit transfer not granted, a written explanation has	s been provid	ed:			
ASSESSED BY:					
Name:					
Signature:					
Date:/					
ADMISSIONS:					
Student has been notified about the outcome and fees?	YES	NO			
Has the payment been received?	YES	NO			
Will the length of CoE need to be changed?	YES	NO			
How many terms?					
New Course Finish date:/ Term:					
New CoEs created on PRISMS (if required)	YES	NO			
Student course details updated on STARS (if required)	YES	NO			
Relevant documents and CoE uploaded to students file	YES	NO			
Comment written in student's file	YES	NO			
Student has been notified of outcome of application	YES	NO			
PRISMS UPDATED BY:					
Name:					
Signature:					