

Credit Transfer Form

<input type="checkbox"/> Domestic Student		<input type="checkbox"/> International Student		
STUDENT DETAILS				
Family name:		Given name:		
Student ID:		Date of Birth:		
Student email address:		Mobile No:		
COURSE DETAILS				
The course that student wish to apply for CT at AIPT:				
<input type="checkbox"/> BSB50820 Diploma of Project Management		<input type="checkbox"/> BSB60720 Advanced Diploma of Program Management		
Course start date:		Course finish date:		
CREDIT TRANSFER DETAILS				
Previous Unit Code	Previous Unit Name	Unit Code and Unit Name	Credit Granted	Hours
		BSBPMG530 Manage project scope	<input type="checkbox"/>	100
		BSBPMG531 Manage project time	<input type="checkbox"/>	100
		BSBPMG533 Manage project cost	<input type="checkbox"/>	100
		BSBPMG535 Manage project information and communication	<input type="checkbox"/>	100
		BSBPMG537 Manage project procurement	<input type="checkbox"/>	100
		BSBPMG532 Manage project quality	<input type="checkbox"/>	100
		BSBPMG536 Manage project risk	<input type="checkbox"/>	100
		BSBWHS521 Ensure a safe workplace for a work area	<input type="checkbox"/>	100
		BSBPMG534 Manage project human resources	<input type="checkbox"/>	100
		BSBLDR522 Manage people performance	<input type="checkbox"/>	100
		BSBCRT511 Develop critical thinking in others	<input type="checkbox"/>	100
		BSBPMG540 Manage project integration	<input type="checkbox"/>	100
<i>Note: A certified copy of the student's Qualification and/or Statement of Attainment/Record of Results must be attached to this form.</i>				
Student Signature:			Date:	
FOR OFFICE USE ONLY				
Date of Submission:		Staff name:		Staff Signature:
DURATION: Hours		DURATION: Weeks		FEES
Total Credit Transfer Hours:		Revised Total Duration:		Revised Tuition Fees:
Revised Course Hours:		Revised Tuition Duration:		Revised Material Fees:
Application approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:	Signature: Date:
Further Comments (if any):				
Fee adjustment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:	Signature: Date:
eCOE/LOF revised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Letter of Exemption sent to student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Signature:		Date: