

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	
		BSBPMG633 Provide leadership for the program	<input type="checkbox"/>	100	
		BSBLDR601 Lead and manage organisational change	<input type="checkbox"/>	100	
		BSBPMG632 Manage program risk	<input type="checkbox"/>	100	
		BSBFIN601 Manage organisational finances	<input type="checkbox"/>	100	
		BSBPMG636 Manage benefits	<input type="checkbox"/>	100	
		BSBPMG634 Facilitate stakeholder engagement	<input type="checkbox"/>	100	
		BSBPMG630 Enable program execution	<input type="checkbox"/>	100	
		BSBPMG635 Implement program governance	<input type="checkbox"/>	100	
		BSBPEF502 Develop and use emotional intelligence	<input type="checkbox"/>	100	
		BSBSTR601 Manage innovation and continuous improvement	<input type="checkbox"/>	100	
		BSBCRT611 Apply critical thinking for complex problem solving	<input type="checkbox"/>	100	
		BSBSUS601 Lead corporate social responsibility	<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:	