



Section A Instructions

1. Please refer to ANC's course credit policy for information on process.
2. Use this form for Credit Transfer application purposes only.
3. Please attach certified copies of supporting documents only.
4. If you need assistance with this form, please contact ANC student support officers on campus.
5. Specified credit is granted where it can be demonstrated that the unit previously studied is an exact or near equivalent of a ANC unit which contributes to the program in which the student is enrolled.
6. Unspecified credit is granted where as when such exact or near exact equivalence cannot be determined and is applied towards elective courses.
7. When no elective course are available and courses cannot be matched, no credit can be granted.

Section B Student Details

Student ID _____ Surname /Family Name _____ Given Name _____

Section C Information related to the ANC course you are seeking credit for

Course Name _____ Course Code _____

Section D Details of Credit - Details of previous study for which credit is sought (Photocopy this page if you need to record additional courses/units)

Course Name _____

Course Code _____ Commencement Date _____ Completion Date _____

Details of previous study

Name of previous institution _____

Unit Code	Unit Name	Year Completed	Granted (Y/N)	Specified Credit?(Y/N)	Credit Declined?(Y/N)	ANC Unit Code	Assessor Signature	Date

Field Placement 1: Number of Hours _____ Field Placement 2: Number of Hours _____

Section D Applicant's Declaration

- I warrant that the information on this form is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s, might invalidate my application and that the ANC may withdraw an offer of a place or cancel my enrolment in consequence.
- I have read ANC's statement on privacy and the purposes for which my personal information will be used.

Student Name _____ Signature _____ Date ____/____/____

Section E Office Use Only (Please tick the option)

Full name of staff member processing application _____ Date received _____

APPLICATION

Checked Date _____ Logged Date _____

Send out for approval

Send to _____

Date _____ Due back _____

STUDENT ADVISED OF OUTCOME Yes No

Student advised by Photocopy of this page Letter Email

Send Date _____ **Revised Completion Date** _____

FOR INTERNATIONAL STUDENTS

New/ amended eCOE required? Yes No

For new students prior to enrolment:

International Admissions notified of new course end date Yes No

New eCOE has been issued Yes No

Teams has been updated Yes No

Acknowledgement received from applicant

Required Yes No Due Date _____