

APPLICATION FOR CREDIT TRANSFER

Complete this form, attach certified copies of statements of attainment, and post to

The Training Manager
Gryphon Learning Pty Ltd
Level 1/ 651 Doncaster Rd
Doncaster, 3108

STUDENT NAME:	
ENROLMENT NUMBER (ACCOUNT ID)	
ADDRESS	
PHONE	
MOBILE	
EMAIL ADDRESS	
FAX	
COURSE IN WHICH YOU ARE ENROLLING	

List the units for which you are applying for credit transfer.

Nationally Recognised Code	Title	Code and title of Course/Qualification or Unit of Competency you have completed	Statement of attainment attached
			Yes No

Nationally Recognised Code	Title	Code and title of Course/Qualification or Unit of Competency you have completed	Statement of attainment attached

OFFICE USE ONLY

DATE APPLICATION RECEIVED.....

DATE CREDIT TRANSFER GRANTED.....

DATE RESULT EMAILED TO STUDENT.....

<i>UNITS FOR WHICH CREDIT TRANSFER GRANTED</i>	<i>DATE AND BASIS ON WHICH IT WAS GRANTED</i>	<i>SIGNATURE OF ASSESSOR/ TRAINING MANAGER</i>

THIS FORM SHOULD BE FILED IN THE APPLICANT'S FILE, TOGETHER WITH THE ATTACHED EVIDENCE.