



ACOT

AUSTRALIAN COLLEGE OF TRADE

Number:	VCID.SMS.30
Version:	2020 V3
Date of Issue:	FEB 2020
Student Category:	INT

Credit Transfer (CT)/Recognition of Prior Learning (RPL) Application and Notification			
Family Name:		Given Name/s:	
Address:			Postcode:
Student ID:	Unique Student Identifier (USI):	Date of Birth:	Phone Number:
Course Code:	Course Title:		Application Date:

Have you applied previously for credit transfer or RPL in this course at this College? Yes No

All units as listed below will be checked, verified and approved by ACOT staff members as per attached documents supplied by the applicant/student. Credit transfer is assessed by ACOT staff to assist students to gain course credit for partial completion of previously studied courses.

A full course achieved at another Registered Training Organisation (RTO) that has an equivalent course taught at ACOT will be granted credit without the need to give credit for the individual units achieved in that course. (Please fill in the area in this form that applies to your situation.)

Please note, as stated in the international student acceptance agreement, applications for course credit will be assessed at no cost if applied for prior to the enrolment commencement date. A fee of \$250 will apply for each application made after the issue of your eCOE (Electronic Confirmation of Enrolment). Please note the cost per unit for RPL assessment as specified in your student acceptance agreement.

Course Credit can be applied for in one of two ways:

- FULL COURSE COMPLETION-CERTIFICATE OF COMPLETION SUPPLIED AND ATTACHED**
- PARTIAL COURSE COMPLETION-FOR INDIVIDUAL UNITS-STATEMENT/S OF ATTAINMENT SUPPLIED AND ATTACHED**

1. Full course: _____
Completed Course Code and Name

Received from: _____ Year: _____
Name of Issuing Education Provider

Applicant/Student Signature: _____ Date: _____

ACOT Staff Name/Position: _____

ACOT Staff Signature: _____ Date: _____

Director Studies Approval: _____ Date: _____



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Units at ACOT for this course UNIT CODE	Completed Unit/s Requested for Credit UNIT CODE	Education Provider	Year	Approved UNITS	
				Tick **	Initials ACOT Staff

**Please note that Ticked units are the only units approved for CREDIT

Applicant/Student Signature: _____ Date: _____

ACOT Staff Name/Position: _____

ACOT Staff Signature: _____ Date: _____

Director Studies Approval: _____ Date: _____