

Credit Transfer

Credit Transfer (CT) Steps/Process:

1. Student to fill out CT Form (*Refer to SIC Course Credit Transfer Policy prior to filling this form*).
2. Student to submit the form along with payment and supporting documents to admin or student services. **(CT Fee is \$100 per unit)**
3. CT request to be processed within 10 working days.
4. SIC will notify the student regarding the outcome of his/her CT application.
5. If approved, a new Letter of Offer and an agreement needs to be signed and CoE will be issued.

Student ID :		Name :	
Contact No :		Email :	
Course Name :		Course Start Date :	

Details of Previous Study			Exemption Sought from SIC Units		Office Use	
Unit Code/Unit Name	RTO Name/ RTO ID	Year	Unit Code	Unit Name	G*	R*
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attachment: (please tick) Transcript Others _____

I declare that the information provided by me is correct and complete. By signing this form, I declare that I understand and agree to be bound by the SIC Course Credit Transfer Policy.

 Student's Signature

 ____/____/____
 Date

Office Use Only

CT Fee: \$ _____ (Payment) _____ Signature _____ Date	No. of Units Credited: _____ Adjusted Course Duration: _____ Approved by: _____ Date: _____	Remaining Units: _____ Tuition Fee: \$ _____ Other Fee: \$ _____ Total Fee: \$ _____ Processed by: <input type="checkbox"/> L.O.O _____ <input type="checkbox"/> C.O.E _____	Update RTOM _____ Signature _____ Date
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*G = granted, R = refused