CERTIFICATE AND DIPLOMA CREDIT APPLICATION FORM

Please complete this form if you have successfully completed studies at a TAFE college or another Registered Training Organisation. Attach a certified copy of your qualification or Statement of Attainment and mail it together with this completed form to:

Chifley Client Care

GPO Box 1272
Melbourne VIC 3001
Australia

Surname / Family name	
Given names	
Student Number	
Current course studying at Chifley	
Previous course of study	

PREVIOUS UNIT(S) STUDIED		CREDIT TRANSFER SOUGHT		FOR OFFICE USE ONLY
UNIT OF COMPETENCY CODE	**UNIT OF COMPETENCY TITLE**	**UNIT OF COMPETENCY CODE**	**UNIT OF COMPETENCY TITLE**	**APPROVED**
e.g. BSBFLM512A	Ensure team effectiveness	BSBWOR502A	Ensure team effectiveness	

Student

Signature .....

Date .....

Manager of Client Care / GM

Signature.....

Delivery .....

Date .....

CHIFLEY BUSINESS SCHOOL