

Level 14,474 Flinders Street,
 Melbourne, Vic 3000
 03 9614 7857

 □ info@ atlantis.edu.au

Application	n for Credit Transfer			
Student Numbe	er:			
First Name :				
Family Name:				
Email :				
Course Name:				
Telephone Nun	nber:			
Information ar				
ten working day From which RTC For which ACM You must comp	this application form and submit it along with relevant statements of attains for your application for credit transfer (national recognition) to be procestly of the procestly o	ssed.	_	
		АСМ ТО СОМ	PLETE	
Unit Code	Unit Name	Signature of authorised	d staff m	ember
		Recommended (signature)	Yes	No
_				
Date:	<del></del>			
(Sign here whe	n you submit your application			

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PLEASE ENSURE THAT DOCUMENTATION SUPPORTING YOUR APPLICATION IS ATTACHED



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This section to be completed by ACM:	
You have been provided with credit transfers	for the following units of competency:
Signature (RTO Manager)	
Date:	
	/
Sign here to acknowledge that you have rece	eived advice about the outcome of your application for
redit transfer and that you understand and	accept the outcome of your application for credit transfer
	accept the outcome of your application for credit transfer.
You must sign here only <u>after</u> your applicatio	on has been processed).
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