



AWS

AUSTRALIAN WORKPLACE SKILLS INSTITUTE

AWS Institute Pty Ltd

T/A Australian Workplace Skills Institute

RTO No: 45701 **CRICOS No.:** 03924J **ABN No:** [12 637 817 353](https://abn.gov.au/abn/12637817353)

ACT Campus: Level 1, 66 Townshend Street, Phillip, ACT 2606

NSW Campus: Level 6, 140 Elizabeth Street, Sydney NSW 2000

Phone: 02 9182 0984 (NSW) / 02 6109 7671 (ACT)

Email: info@aws.edu.au **Website:** www.aws.edu.au

CREDIT TRANSFER REQUEST FORM

Course code: _____

Course Name: _____

Family Name: _____

Given Name: _____

Address: _____

Contact Phone Number/s: _____

Credit transfer applies to situations where the students have completed units: identical and/or equivalent to those they are currently enrolled in, at another TAFE College or Registered Training Organisation. Credit will be granted in accordance with the Credit Transfer Procedure and the student will be notified of the outcome.

Fees and Charges

- Internal credit transfer will be free of charge
- External credit transfer will be charged \$100

Name of Institution: _____

Name of Qualification: _____

Attachment

Attach one of the following when sending this completed form to the college:

<input type="checkbox"/>	A copy of AQF Qualification
<input type="checkbox"/>	A copy of Statement of Results
<input type="checkbox"/>	A copy of Statement of Attainment
<input type="checkbox"/>	USI Transcript

Competency based on Credit Transfer has been granted for the following Units

Staff Signature _____ Date: _____

Student Signature _____ Date: _____