

Application for Credit Transfer

Please see the Student Handbook 'Applying for Credit' before completing this form

1. Personal Details

HSA Student ID:

Family Name:

Given Names:

Daytime Contact No: Email:

2. Application Details

Provide details of the units of competency that you are applying for credit:

Unit of Competency Name (In Full)	Approved Y/N	Assessor
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

I have enclosed: Certified copies of certificates/transcripts (NB: **Not** a photocopy of a certified copy is not acceptable)

3. Declaration and Signature

I declare that the information provided in my application for Credit is true and accurate and that I have read the Policy and Procedure information associated with Credit Transfer in the Student Handbook. I authorise the College to update my enrolment in accordance with the outcome of this application.

<p>Student Signature</p> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> X SIGN HERE </div>	<p>Date</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> DD / MM / YYYY </div>	<p>Date Received</p> <div style="border: 1px solid black; padding: 5px; text-align: center; color: grey;"> Office Use Only Office Use Only Office Use Only Use Only Office Use Only </div>
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Other than as authorised or required by law, the College will only use information collected via this form for the purposes for which it is being collected and in accordance with the College's functions and activities associated with your enrolment. Some specified information will be provided to third parties, such as government and external agencies, where there are requirements on the College to do so. All information will be collected, stored, accessed, disseminated or destroyed in accordance with relevant privacy, records management, other laws and the College's policies.

OFFICE USE ONLY

	Date	Signature
Received by College		
Received by Assessor		
Notification Sent to Applicant		

LODGING THIS FORM

This form may be lodged in person at any HSA campus or sent by mail, or email to:-

Blackburn Campus

184 Whitehorse Rd,
Blackburn
VIC 3130

Ph: 1300 306 886

Em: HSAAdministration@navitas.com

Brisbane Campus

Ground Floor, East Tower,
410 Ann Street
Brisbane
QLD 4000

Ph: 1300 306 886

Em: HSAAdministration@navitas.com

Melbourne Campus

Level 3,
206 Bourke Street
Melbourne
VIC 3000

Ph: 1300 306 886

Em: HSAAdministration@navitas.com