

Australian Guild of Education Pty Ltd

Provider Number PRV12114
CRICOS Provider Code 04168K



Credit Application Form

Student ID number:

Date of Birth:

Family Name:

Given names:

Mobile:

Email:

Credit details: Are you applying for:

Credit Transfer

Recognition of life and/or work experience

Credit via an Articulation Agreement

AGE Course Name:

Details of Previous Units of Study (to be completed by Applicant)

Unit Code	Unit Title	Year Completed

NOTE: Official Unit / Subject Outline(s) MUST be attached for assessment of prior study. If application is based on prior work experience, please briefly describe relevant experience applicable and attach all available supporting materials as noted below.

EVIDENCE CHECKLIST (provide all available information to assist in the assessment of your application)

- | | |
|---|---|
| <input type="checkbox"/> Qualifications (parchment/testamur) | <input type="checkbox"/> Official Academic Transcripts |
| <input type="checkbox"/> Official unit/subject outlines | <input type="checkbox"/> Work Certificates/references – on official letterheads |
| <input type="checkbox"/> Professional Work Experience Details | <input type="checkbox"/> Professional / personal development courses details |
| <input type="checkbox"/> Resume / CV | |

I declare that the information provided by me is true and correct. I have read and understood the information contained in this form and in the Credit Policy and Procedure.

By ticking this box, I indicate all the above information is true and correct

Dated: