Canberra Institute of Technology

CRM No: _____ —

Request for Credit Transfer – International Student Form

Student Information

Student ID* CIT ☐ ☐ ☐ ☐ ☐   Unique Student Identifier ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Title* _____   Given Name* _____   Family Name* _____

Phone* _____   Date of Birth* _____

Email* _____

Address line 1* _____

Address line 2* _____

Suburb* _____   State* _____   Postcode* ☐ ☐ ☐ ☐

Program Details

Program Name* _____

CIT Program No* _____   Program National No* _____

Subjects Identified for Credit Transfer

UNIT 1 – The subject I am applying for:

CIT Subject Code* _____   Subject National No* _____

Subject Name* _____

The Equivalent subject I hold:

Subject National No* _____

Subject Name* _____

Recognition Office Use Only   CT requirements met: ☐ Yes   ☐ No

UNIT 2 – The subject I am applying for:

CIT Subject Code* _____   Subject National No* _____

Subject Name* _____

The Equivalent subject I hold:

Subject National No* _____

Subject Name* _____

Recognition Office Use Only   CT requirements met: ☐ Yes   ☐ No

UNIT 3 – The subject I am applying for:

CIT Subject Code* _____   Subject National No* _____

Subject Name* _____

The Equivalent subject I hold:

Subject National No* _____

Subject Name* _____

Recognition Office Use Only   CT requirements met: ☐ Yes   ☐ No

* Required Fields

UNIT 4 – The subject I am applying for:

CIT Subject Code* ☐ Subject National No* ☐

Subject Name* ☐

The Equivalent subject I hold:

Subject National No* ☐

Subject Name* ☐

Recognition Office Use Only CT requirements met: ☐ Yes ☐ No

UNIT 5 – The subject I am applying for:

CIT Subject Code* ☐ Subject National No* ☐

Subject Name* ☐

The Equivalent subject I hold:

Subject National No* ☐

Subject Name* ☐

Recognition Office Use Only CT requirements met: ☐ Yes ☐ No

UNIT 6 – The subject I am applying for:

CIT Subject Code* ☐ Subject National No* ☐

Subject Name* ☐

The Equivalent subject I hold:

Subject National No* ☐

Subject Name* ☐

Recognition Office Use Only CT requirements met: ☐ Yes ☐ No

UNIT 7 – The subject I am applying for:

CIT Subject Code* ☐ Subject National No* ☐

Subject Name* ☐

The Equivalent subject I hold:

Subject National No* ☐

Subject Name* ☐

Recognition Office Use Only CT requirements met: ☐ Yes ☐ No

UNIT 8 – The subject I am applying for:

CIT Subject Code* ☐ Subject National No* ☐

Subject Name* ☐

The Equivalent subject I hold:

Subject National No* ☐

Subject Name* ☐

Recognition Office Use Only CT requirements met: ☐ Yes ☐ No

* Required Fields

UNIT 9 – **The subject I am applying for:**

CIT Subject Code* [   ]   Subject National No* [   ]

Subject Name* [   ]

The Equivalent subject I hold:

Subject National No* [   ]

Subject Name* [   ]

Recognition Office Use Only CT requirements met: ☐ Yes ☐ No

UNIT 10 – **The subject I am applying for:**

CIT Subject Code* [   ]   Subject National No* [   ]

Subject Name* [   ]

The Equivalent subject I hold:

Subject National No* [   ]

Subject Name* [   ]

Recognition Office Use Only CT requirements met: ☐ Yes ☐ No

Training Completed a Certified copy of transcript must be attached (unless a CIT or USI transcript)

☐ CIT   ☐ Another RTO   ☐ I have granted persmission for CIT to view my USI transcript online

https://www.usi.gov.au/documents/how-do-i-give-permission-my-training-organisation-view-my-usi-transcript-online

International Pastoral Care Officer

Signature* [   ]   Date* [   ]

Declaration

I [   ]

☐ declare that I am the student detailed in the student information section of this form and all the information supplied on this form is true and correct to the best of my knowledge.*

☐ give CIT permission to contact any educational institute to verify my qualification results.*

☐ acknowledge that this Skills Recognition application does not automatically guarantee me a position in the delivery pathway of the program. To enter the delivery pathway of this program I need to follow the application/enrolment process as listed on the CIT website.*

Student Signature* [   ]   Date* [   ]

RECOGNITION OFFICE USE ONLY

CT grade/s confirmed:		Date	
Recognition Delegate Name:			
Signature:		Date	
Decision entered on Banner by:		Date	
Grade entry verified by:		Date	
TRIM Number:		Staff Member:	
TRIM Verified Date:		Staff Member:	

* Required Fields