



Course Credit Application Form

Please print in BLOCK LETTERS

PERSONAL DETAILS

TITLE: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> OTHER
Family Name:
Given Name:
Student Number:

Supporting Documentation required (as applicable):

Certificates of Qualification
Statements of Attainment
Detailed course transcripts for all units
Originals can be sighted, or certified copies attached to your application.
Documents not originally in English must be translated by a qualified translator.
Completed Application for Course Credit Form.

PLEASE NOTE THIS APPLICATION WILL NOT BE PROCESSED IF ALL SUPPORTING DOCUMENTS ARE NOT ATTACHED

Applicants Declaration

I hereby certify that the particulars and documentation that I have supplied are correct in every detail.

Signature: _____ Date: _____

Approval Certification

As the WAIFS representative, I hereby state that I have sighted the original or certified copies of the documents (copies attached) which support this application.

Signature: _____ Date: _____

Name: _____

CRICOS Provider No. 03188C RTO Provider No. 52128	Author: WAIFS		Current Version: 4.0	
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Details of Study Completed (SUPPORTING DOCUMENTS ARE REQUIRED)				
Location of study	Location (H,R,T,U)	Course code	Course Description	Year of Study

H – High School; R – RTO; T – Tafe; U – University

Record of Course Credit Granted <i>TO BE COMPLETED BY WAIFS HEAD OF TRAINING/WAIFS TRAINER ONLY</i>		
Course Code/Unit Code	Course/Unit Description	Competent (C) or Not Yet Competent (NYC)

Signed (Head of Training/WAIFS Trainer): _____ Date: _____

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