

CREDIT TRANSFER FORM

The Form is supplied and implemented by JTI and presented to Trainers and Assessors in order to facilitate, activate, and monitor all Recognition of Prior Learning (RPL) and Unit Transfer processes. This Form is presented in support of the JTI QMS Policies and Procedures.

DATE:		STUDENT NO.	
STUDENT/CANDIDATE NAME:			
STUDENT/CANDIDATE ADDRESS:			POST CODE:
EMAIL ADDRESS:		MOBILE NO.:	
HOME NO.:		BUSINESS NO.:	

TRAINER'S NAME:			
JTI CAMPUS:			

<i>Instruction: Please provide all relevant information below. Any errors in the information you provide may lead to delay in processing your application.</i>			FOR OFFICE USE ONLY
INSTITUTION NAME	UNIT CODE	UNIT NAME	CREDIT APPROVED?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>STUDENT DECLARATION</p> <p>I, hereby declare that all the information provided in this form is true and correct. I have provided the necessary documents for this application and are attached to this form.</p> <p style="text-align: right; margin-right: 50px;">_____ Student's Signature</p>

FOR OFFICE USE

Credit Transfer Approved? Yes No

Course Duration Affected? Yes No (If yes, indicate the new dates below)

New Course Start Date: _____ New Course End Date: _____

Comments/Feedback: _____

Documents provided:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Trainer's signature _____ Date _____