

COURSE CREDIT APPLICATION FORM

Applicant name:		Date:	
Name of course you are enrolling in:			

Please list relevant qualifications, course(s) and units in the table below. (Where you have completed a whole course, you do not need to list each unit separately.)

Issuing RTO	Course/Unit Code	Course/Unit Name	Certified copy attached?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Student's Signature Here	
Signature:	
Date:	
Number of pages attached:	

Please submit this completed form to Collins Institute of Australia in one of the following ways:

OPTION 01

IN PERSON OR BY POSTAL MAIL
 COLLINS INSTITUTE OF AUSTRALIA
 LEVEL 6, 127 LIVERPOOL STREET
 SYDNEY NSW 2000 AUSTRALIA

OPTION 02

BY E-MAIL
 INFO@COLLINS.EDU.AU

Office use only	
Signature:	
Verified and Processed by:	
Date:	

Note: