



Please print clearly if completing by hand.

STUDENT DETAILS	Student Number	Date of Birth
		dd / mm / yyyy
Family Name:	Course Name:	
Given Name(s)	Mobile No:	
Student Email:		

I wish to apply for additional and / or reduced course credit (CREDIT TRANSFER) as indicated below:

Additional CREDIT TRANSFER for the following subjects:

Removal of CREDIT TRANSFER

(Note: If you wish to add some subjects and remove others, please indicate 'Add' or 'Remove' beside each subject)

Subject(s)

The reason(s) I am making this application is/are

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I am aware that an application for additional or reduced CREDIT TRANSFER may only be made once (unless extenuating circumstances are accepted at the sole discretion of the CEO & Dean) (Credit Transfer Policy Section 5 available at <http://koi.edu.au/wp/policies-forms-2/>)

Signature of student _____ Date dd / mm / yyyy

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CREDIT TRANSFER Reassessment Outcome

This application for CREDIT TRANSFER Reassessment has been

Approved in full Approved partially Rejected

based on the evidence provided by the student whose name appears on the first page of this application.

for the following subjects: granted removed

Subject(s)

The student's SIMS record and hard copy course planner have been amended to reflect the outcome of the CREDIT TRANSFER Reassessment on ____ / ____ / ____

The student has been advised of the outcome of this CREDIT TRANSFER Reassessment by _____ on ____ / ____ / ____

Staff member _____ Position _____

Admissions Actions

As a result of this CREDIT TRANSFER Reassessment it was necessary not necessary to issue a new eCoE.

If necessary the new eCoE was issued ____ / ____ / ____

All student records updated ____ / ____ / ____

Staff member _____ Position _____

Date ____ / ____ / ____