KING'S OWN INSTITUTE*

Success in Higher Education

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 ……

……

……

……

……

……

When the application for credit is made after an initial Letter of Offer has been accepted, I understand that the credit awarded may change the duration of the course (i.e. credit for four or more subjects is granted). If this occurs, I understand that a new Letter of Offer and Written Agreement will be issued to me.

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____/____/_____