

Course Credit Application Form

Date:

Applicant's full Name:			
Address:			
Telephone:		Home:	Mobile:
Email Address:			
Date of Birth:			
Are you a currently enrolled student at CSF:		<input type="checkbox"/> Yes (ID: _____) <input type="checkbox"/> No	
Qualification Title you are seeking Credit for:			
Units of Competency seeking Credit for:			
Unit Code	Unit Name	Evidence (e.g. transcript)	

Please note:

- Incomplete applications may result in a rejection and/or delay in processing of the application.
- Evidence provided must include certified copied of the original certificates and transcripts and/or statement of attainment.
- Application form and evidence need to be emailed to: info@csf.edu.au
- Students will be notified via email of the outcome of the application.