

# 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](mailto:info@csf.edu.au)
- Students will be notified via email of the outcome of the application.