

COURSE CREDIT REPORT FORM



Dental Nursing Australia recognises qualifications and statements of attainment issued by any other Registered Training Organisation under the Australian Qualifications Framework.

This form should be completed where a student is seeking course credit from their demonstrated prior completion of units/ qualifications previously gained in other RTO's.

This form should also be completed where students are advancing through to a higher qualification having completed required units from a previous qualification or a combination of previous qualifications.

Title:	First name:	Surname:	Email:
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Current address:	Suburb:	State:	Postcode:	DOB:
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Telephone:	Work:	Mobile:
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Units Applied for Credit Transfer		Units Granted Credit Transfer	
Unit Code	Unit Name	Unit Code	Unit Name

Is course duration adjustment required?

This form is signed in acknowledgement of the acceptance of this Credit transfer of the units listed above.

Date _____ Student Signature _____

Date _____ Staff Signature _____

Additional Documentation is attached yes no

Documents: _____