3.18 COURSE CREDIT

CRICOS PROVIDER CODE 01751G

INTERNATIONAL STUDENTS PROGRAM

Telephone: + 61 8 8725 5455 Facsimile: + 61 8 8724 9303

Email: <u>davet@tenison.catholic.edu.au</u>



Tenison Woods College PO Box 965 Mount Gambier South Australia 5290

COURSE CREDIT APPLICATION PART 2

Credit Application Form Part 2 your application will be assessed.
Name:
Mail address:
Course of Study applied for:
Units / modules from course that I wish to apply for course credit for:
•
•
•
•
•
Declaration
Declaration The information / evidence that I will out rait for source and it is all row own work.
The information / evidence that I will submit for course credit is all my own work.
Applicants Signature Date:
Please send all completed course credit forms and supporting information / evidence to: Insert your Organisation Name Insert address details Insert contact details

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Unit / Module Name: Condition 1. (e.g. element, learning outcome, etc.)				
Requirement 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	10001110	
Requirement 2				
Requirement 3				
Requirement 4				
Condition 2. (e.g. element, learning outcome, etc.)				
Requirement	Formal evidence (e.g. Certificate) submitted to meet requirements	Details of other evidence(e.g. work experience) submitted to meet requirements	Meets Requirements Yes / No	
Requirement 1				
Requirement 2				
Requirement 3				
Requirement 4				
Credit granted for this unit / module				
Feedback to applicant				
Assessor's signature:				
(Repeat for other units / I	modules)			