# Credit Transfer Form

**Section A Instructions**

1. Please refer to ICM's course credit policy for information on process.
2. Use this form for Credit Transfer application purposes only.
3. Please attach certified copies of supporting documents only.
4. If you need assistance with this form, please contact ICM student support officers on campus.

5. Specified credit is granted where it can be demonstrated that the unit previously studied is an exact or near equivalent of a ICM unit which contributes to the program in which the student is enrolled.
6. Unspecified credit is granted where as when such exact or near exact equivalence cannot be determined and is applied towards elective courses.
7. When no elective course are available and courses cannot be matched, no credit can be granted.

**Section B Student Details**

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Surname / Family Name</th>
<th>Given Name</th>
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**Section C Information related to the ICM course you are seeking credit for**

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Code</th>
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**Section D Details of Credit - Details of previous study for which credit is sought (Photocopy this page if you need to record additional courses/units)**

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Code</th>
<th>Commencement Date</th>
<th>Completion Date</th>
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**Details of previous study**

Name of previous institution

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Unit Name</th>
<th>Year Completed</th>
<th>Granted (Y/N)</th>
<th>Specified Credit (Y/N)</th>
<th>Credit Declined (Y/N)</th>
<th>ICM Unit Code</th>
<th>Assessor (Signature)</th>
<th>Date</th>
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Section D Applicant’s Declaration

• I warrant that the information on this form is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s, might invalidate my application and that the ICM may withdraw an offer of a place or cancel my enrolment in consequence.

• I have read ICM’s statement on privacy and the purposes for which my personal information will be used.

Student Name __________________________________________________ Signature ___________________________ Date _____/_____/_____

Section E Office Use Only (Please circle the option)

Full name of staff member processing application __________________________________________________________ Date received __________________________________________________________

APPLICATION

☑ Checked Date ___________________________________________ ☐ Logged Date ___________________________________________

Send out for approval

Send to ___________________________________________________________________________________________________________

Date ___________________________________________ Due back ___________________________________________

STUDENT ADVISED OF OUTCOME  ☐ Yes  ☐ No

Student advised by  ☐ Photocopy of this page  ☐ Letter  ☐ Email

Send Date ___________________________________________ Revised Completion Date ______________________________

FOR INTERNATIONAL STUDENTS

New/ amended eCOE required?  ☐ Yes  ☐ No

For new students prior to enrolment:

International Admissions notified of new course end date  ☐ Yes  ☐ No

New eCOE has been issued  ☐ Yes  ☐ No

Teams has been updated  ☐ Yes  ☐ No

Acknowledgement received from applicant

Required  ☐ Yes  ☐ No Due Date ___________________________________________