



Credit Transfer Application Form

Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:
 Mars Institute – Level 6, 416–420 Collins Street, Melbourne, Victoria 3000. Telephone: +61 3 9645 2259
 Email: info@mars.edu.au | Website: www.mars.edu.au

Section 1 – Student Details

Student Name: _____ Student No.: _____
 Course Code & Description: _____ Assessor Name: _____ Date: _____

Section 2 – Application and Declaration

Student:

- ☐ I wish to apply for credit transfer for the units of competency / modules listed below.
- ☐ I have attached original copy of certification documentation from another RTO.
- ☐ I declare that certification documentation supplied is legitimate, true, and correct.
- ☐ I understand that the Assessor will verify my certification documentation for validity.

Student Signature: _____ Date: _____

Section 3 – Units / Modules Outcome

Term	Definition	Assessor Only			
		Evidence supplied	Evidence Verified	Assessment Outcome	Assessor Initial
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Section 4 – Assessor Judgement and Declaration

- ☐ I declare that I have verified certification documentation supplied is legitimate, true and correct.

Assessor Signature: _____ Date: _____



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Office Use Only

SMS updated:	☐ Yes	☐ No	Date: _____	Initial: _____
Student file updated:	☐ Yes	☐ No	Date: _____	Initial: _____
Student Notified:	☐ Yes	☐ No	Date: _____	Initial: _____