



CREDIT FOR PRIOR LEARNING APPEAL FORM

Guidelines

1. An applicant not approved for credit transfer for unit(s) of study completed at another institution shall have the right of appeal.
2. An applicant who wishes to appeal the credit decision must submit an appeal using this form within 5 business days of the application being unsuccessful being emailed to the applicant.
3. An applicant must clearly outline the grounds for appeal.
4. An applicant may wish to submit additional supporting documentation. If additional supporting documentation is provided, **the table on page 3 must be completed.**
5. **This form must be typed and not handwritten.**
6. Appeals are assessed in accordance to SITCM's *Credit for Prior Learning Policy and Procedure*, which is available on SITCM's website: www.sitcm.edu.au
7. Complete all sections of the form and either lodge in person at SITCM Administration Office or email it to administration@sitcm.edu.au.

Notification

- Please allow 1-2 weeks for processing.
- Applicants will be notified of the outcome of their appeal via email within 10 business days.

Applicant Information

Family Name: Click or tap here to enter text.

Given Name(s): Click or tap here to enter text.

Student ID: Click or tap here to enter text.

Are you on a Student Visa: Yes No

Postal Address: Click or tap here to enter text.

Tel (home): Click or tap here to enter text.

Tel (mobile): Click or tap here to enter text.

Email: Click or tap here to enter text.

Details of Appeal

Please list the unit(s) of study for which you were not approved for credit transfer and are appealing.

1. Click or tap here to enter text.

Grounds for Appeal

Are you submitting additional supporting documentation: Yes No

If Yes, you must complete the table on page 3.

Please outline the grounds for your appeal.

[Click or tap here to enter text.](#)

Previous Study

This table must be completed if you wish to have additional supporting documentation considered in your appeal.

For each unit of study in SITCM's Bachelor of Traditional Chinese Medicine (BTCM) that you are seeking credit for prior learning, complete the following table. You will need to demonstrate that your previous study is equivalent to SITCM's BTCM on a unit-by-unit level. Information on SITCM's unit contents can be accessed [here](#). Copies of this table can be accessed [here](#) (under the heading **Credit for Prior Learning Policy & Forms**).

Institution	SITCM	Click or tap here to enter text.	
Course Name	Bachelor of Traditional Chinese Medicine	Click or tap here to enter text.	
Unit of Study	Click or tap here to enter text.	Click or tap here to enter text.	Year of Completion: 20XX
Contact Hours	Lecture	Click or tap here to enter text.	Click or tap here to enter text.
	Tutorial	Click or tap here to enter text.	Click or tap here to enter text.
	Clinical	Click or tap here to enter text.	Click or tap here to enter text.
	Total	Click or tap here to enter text.	Click or tap here to enter text.
Unit Contents	Click or tap here to enter text.	Click or tap here to enter text.	
Learning Outcomes	Click or tap here to enter text.	Click or tap here to enter text.	
Unit Requirements	Click or tap here to enter text.	Click or tap here to enter text.	
Mapping Summary			
Click or tap here to enter text.			

Applicant Declaration

- I declare that I have read the information on this form and that the information I have provided is complete and correct.
- I understand that the information I have provided will remain private and confidential and may only be used for Government statistical purposes.
- I understand that I have the right to access and amend personal information that SITCM holds about me, subject to legislation, by contacting the Administration Office at administration@sitcm.edu.au.
- I authorise SITCM to obtain further information with respect to my application and, if necessary, seek confirmation of information provided by me.
- I acknowledge that SITCM reserves the right to vary or reverse any decision regarding credit granted on the basis of incorrect, incomplete or fraudulent information.
- I agree to abide by the policies and procedures of SITCM.

Applicant's Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.

Administrative Officer to Complete

Name of staff processing appeal:

Date received:

Application checked? Yes No

Number of attachments:

Date sent out for assessment:

Sent to: Dean (or nominated staff)

Nominated staff:

Due back (10 working days):

Date received from Assessor:

Date sent results letter to student:

Student returned signed results letter? Yes No

International Students

New/amended eCOE required? Yes No

Student advised of new course end date? Yes No

Date logged:

Assessing Officer to Complete	
Date received:	
Similarity Assessment	
Contact Hours:	
Unit Contents:	
Learning Outcomes:	
Unit Requirements:	
Decision <input type="checkbox"/> Confirm the Original Credit Decision <input type="checkbox"/> Unit of Study Approved for Credit Transfer	
Feedback/Comments to Applicant	
Assessing Officer Name:	
Signature:	Date of Assessment: