# CREDIT FOR PRIOR LEARNING APPLICATION FORM

Sydney Institute of
Traditional Chinese Medicine

| Guidelines |
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1. This form is to be used by prospective and current students when applying to have previous study from another institution counted towards the Bachelor of Traditional Chinese Medicine (BTCM).

2. **This form must be typed and not handwritten.**

3. To ensure applicants are awarded appropriate credit, all Applications for Credit for Prior Learning must include the following **supporting documentation**:

   a. Certified copies of Academic Transcripts/Records
   b. Copies of Unit Outline/Guides with learning outcomes, course information, level of study, topics covered, duration of the course, contact hours, methods and duration of assessment, textbooks used for each course studied previously and completed.

   **Without these, SITCM will be unable to assess the application.**

4. Other supporting documentation may be requested. Applications for Credit for Prior Learning may be delayed, or credit denied if the supporting documentation is insufficient.

5. A credit transfer fee of $378.00 per unit applies to all approved applications. The fee must be within 15 business days of receiving notification of credit. If payment is not received, the Credit Transfer will lapse, and applicants will need to lodge a new application.

6. Applications for Credit for Prior Learning must be received **at least 3 weeks before the Census Date** of the unit for which credit is being sought. Applications received less than 3 weeks before the Census Date will be automatically rejected.

7. Applications for Credit for Prior Learning 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

8. Complete all sections of the application and either lodge in person at SITCM Administration Office or email it to administration@sitcm.edu.au.

| Notification |
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- Please allow 2-3 weeks for processing.
- Applicants will be notified of the outcome of their application via email within 15 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. | |

**Previous Study**

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 application:

Date received:

Application checked?   ☐ Yes   ☐ No

Number of attachments:

Date sent out for approval:

Sent to: Associate Dean (or nominated staff)

Nominated staff:

Due back (15 working days):

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: |
| Is further supporting documentation required? ☐ Yes ☐ No<br><br>If Yes, please specify the nature of the supporting documentation. |
| **Similarity Assessment**<br><br>Contact Hours: |
| Unit Contents: |
| Learning Outcomes: |
| Unit Requirements: |
| **Decision** ☐ Unit of Study **Not** Approved for Credit Transfer<br>☐ Unit of Study Approved for Credit Transfer |
| **Feedback/Comments to Applicant** |
| Assessing Officer Name: |

| Signature: | Date of Assessment: |
|---|---|