



CREDIT FOR PRIOR LEARNING (CPL) 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 with SITCM's *Credit for Prior Learning Policy and Procedure*: <https://www.sitcm.edu.au/he-courses/he-policiesforms/>
7. Complete all sections of the form and either lodge in person at SITCM Administration Office or email it to administration@sitcm.edu.au.
8. **Fees:** The following fees apply where a condition is imposed on the granting of credit:

Class Fee	Calculated pro-rata based on the tuition fee for the relevant year and the number of classes set as a condition for approval
Clinic Fee	Calculated pro-rata based on the tuition fee for the relevant year and the number of clinical practice hours set as a condition for approval
Assessment Fee	\$100 per assessment set as a condition for approval

Fees must be paid within 20 business days of receiving notification of credit.

9. **Notification:** Please allow 1-2 weeks for processing. Applicants will be notified of the outcome of their application via email within 10 business days.

Applicant Details

Student ID:	
Family Name:	Given Name(s):
Tel (mobile):	Email:

Declaration

I have read and understood the guidelines and advice on this application form.

I certify that all information, including supporting documentation, is correct.

Attention International Student Visa Holders: If your application for credit for prior learning is successful it is almost certain that this will affect the duration of your eCOE. A revised eCOE will be emailed to you in this event.

Signature:

Date:

Details of Appeal

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

1.

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.

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](#).

Institution	SITCM	
Course Name	Bachelor of Traditional Chinese Medicine	
Unit of Study		
Contact Hours	Lecture	
	Tutorial	
	Clinical	
	Total	
Unit Contents		
Learning Outcomes		
Assessment		
Summary		

Administrative Officer to Complete	
Administrative Officer Name:	Date received:
Application checked?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Student Visa Holders Only:	
New/amended eCOE required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student advised of new course end date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date logged:	

Assessing Officer to Complete

Date received:

Similarity Assessment

In your assessment, where relevant, you should refer to the contact hours, unit contents, learning outcomes and unit requirements. Please include any feedback to the applicant here.

- Decision**
- Confirm the Original Credit Decision
 - Unit of Study Approved for Credit Transfer

Assessing Officer Name:

Signature:

Date of Assessment: