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| **CREDIT FOR PRIOR LEARNING APPLICATION FORM** | \\NEWSERVER\Data(D)\Office Files (Current) 2008\Letter and Form Templates\Logo\SITCM-LOGO-ENLARGE.png |

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| **Guidelines** |
| 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. All Applications for Credit for Prior Learning must include the following **supporting documentation**: 4. Certified copies of Academic Transcripts/Records 5. 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.**   1. Other supporting documentation may be requested. Applications for Credit for Prior Learning may be delayed, or credit denied if the supporting documentation is insufficient. 2. 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. 3. 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](http://www.sitcm.edu.au) 4. Complete all sections of the application and either lodge in person at SITCM Administration Office or email it to [administration@sitcm.edu.au](mailto:administration@sitcm.edu.au). 5. **Fees:** A credit transfer fee of $378.00 (domestic student) or $520.00 (international student) per unit applies to all approved applications. The fee must be paid within 20 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. In addition to the credit transfer fee, a fee of $200.00 per unit applies to all approved application. 6. **Notification:** Please allow 2-3 weeks for processing. Applicants will be notified of the outcome of their application via email within 15 business days. |

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| **Applicant Information** | |
| Family Name: | Given Name(s): |
| Student ID: | Are you on a Student Visa:  Yes  No |
| Postal Address: | |
| Tel (home): | Tel (mobile): |
| Email: | |

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| **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](https://www.sitcm.edu.au/he-courses/units/). | | | |
| **Institution** | | SITCM |  |
| **Course Name** | | Bachelor of Traditional Chinese Medicine |  |
| **Unit of Study** | |  |  |
| **Contact Hours** | Lecture |  |  |
| Tutorial |  |  |
| Clinical |  |  |
| **Total** |  |  |
| **Unit Contents** | |  |  |
| **Learning Outcomes** | |  |  |
| **Unit Requirements** | |  |  |
| **Mapping Summary** | | | |

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| **Applicant 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.   ***We cannot accept your application if you do not sign your form.*** | |
| Applicant Signature: | Date: |

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| **Administrative Officer to Complete** | |
| Administrative Officer Name: | 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 Student Visa Holders Only:** | |
| New/amended eCOE required? | ⬜ Yes ⬜ No |
| Student advised of new course end date? | ⬜ Yes ⬜ No |
| Date logged: | |
| **Summary of Decision (Assessing Officer to Complete)** | |
| Unit(s) of Study Not Approved for Credit Transfer: | |
|  | |
| Unit(s) of Study Approved for Credit Transfer: | |
|  | |
| Assessing Officer Name: | |
| Signature: | Date: |