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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](http://www.sitcm.edu.au/he-courses/he-courses-table/). | | | | |
| **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. | | | | |

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| **Assessing Officer to Complete** | | |
| Date received: | | |
| Is further supporting documentation required?  Yes  No  If Yes, please specify the nature of the supporting documentation. | | |
| **Comments** | | |
| **Decision** | Unit of Study **Not** Approved for Credit Transfer  Unit of Study Approved for Credit Transfer | |
| Assessing Officer Name: | | |
| Signature: | | Date of Assessment: |