

Application Form

Advanced Standing and Credit Transfer

Note: Applications will be assessed within the framework of CG Spectrum Institute's (CGSI) *Advanced Standing and Credit Transfer Policy and Procedure*

1. Student Details

Enter the course in which you are enrolled or for which you are applying:

○ _____

Family Name: First Name: Date of Birth: / / Student number (if enrolled):	Home Address	Home Phone: Mobile Phone: Work Phone: Email:
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2. Credit Transfer

Subjects for which academic credit is sought	Subjects completed	Course Coordinator to complete		
Specified Credit for Core Subjects: Learning outcomes in one or more subjects completed at another institution at the same AQF level of higher and are consistent with core subjects in a CGSI course				
Subject Code	Subject Title	Institution	Approved	Not approved
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○

Unspecified Credit for Elective Subjects:

Learning outcomes in one or more subjects completed at another institution at the same AQF level of higher, and are consistent with core subjects in a CGSI course

Subject Code	Subject Title	Institution	Approved	Not approved
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>

3. Supporting Documentation

Attach supporting documentation to support the Academic Transfer Credit Application: subject outlines, completed assessment, certified statement of results or academic transcript.

4. Signature

I hereby certify that the information and documentation I have supplied are correct in every detail.

Applicant's signature _____

Date: / /

5. Return this form

Please return this form to studentservices@cgspectrum.institute