Credit Transfer Application Form

www.mcgill.edu.au

INSTRUCTIONS

- Complete all sections of the application form.
- Must attach official transcript(s) and course descriptions of studies undertaken at another provider.
- This form must be signed by the student and Academic Manager.
- Please be aware if you provide falsified documents in support of your application, then this will result in one of a range of penalties, from failure in the course to suspension or exclusion.

STUDENT TO COMPLETE

Student Details

First Name: _____ **Last Name:** _____

Address: _____ **Postcode:** _____

Email: _____ **Phone:** _____

McGill Institute Australia Program - which you are applying for credit

Course Pathway: _____

Qualification Code: _____ **Qualification Name:** _____

Form of official transcript(s) and course descriptions of studies undertaken at another provider

☐ giving McGill Institute Australia the permission to directly access the USI Transcript Online (Please refer to **USI STUDENT QUICK GUIDE**).
Note: This method is only accepted if the transcripts are already uploaded to the USI;
OR

☐ scanned documents (Please complete the **DOCUMENTS VERIFICATION APPLICATION** to allow McGill Institute Australia to check with the previous provider).

Student Declaration

- I declare that the information and supporting documents submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the termination of my enrolment with McGill Institute Australia.

- I agree to release and indemnify McGill Institute Australia and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information.

- I also understand and agree and consent that my personal information may be made available to Commonwealth and State agencies or their successors in connection with McGill Institute Australia's registration and/or compliance audits as required by legislation.

- I acknowledge that I have read and understood the National Recognition (Credit Transfer) Policy and agree to abide by the policy.

- I understand that once credit transfer has been granted, the duration of my course may be shortened, and new eCoE(s) will be issued.

- I understand and agree to follow an Individual Learning Plan as an outcome of credit transfer grant for the abovementioned course(s).

Student signature: _____ Date: _____

Form Submission

Email: admissions@mcgill.edu.au

In Person: McGill Institute Australia, AC Central Building, S102, Level 1, 30 Cowper Street, Parramatta, NSW 2150

McGill Institute Australia

Address: AC Central Building, S102, Level 1, 30 Cowper Street, Parramatta, NSW 2150
Phone: (+61) 2 96987318 • **Email:** info@mcgill.edu.au • **Website:** www.mcgill.edu.au

McGill INSTITUTE AUSTRALIA ACADEMIC MANAGER TO COMPLETE

Application Outcome

☐ YES   ☐ NO

Please attach Credit Transfer Case and Individual Learning Plan to this form and email to admissions@mcgill.edu.au

Comments: _____
_____
_____
_____
_____
_____
_____

Name: _____

Signature: [   ]

Date: _____

McGill INSTITUTE AUSTRALIA ENROLMENT OFFICER TO COMPLETE

Document(s) authentication

Following up note(s): _____
_____
_____
_____
_____

☐ Completed

Name: _____

Signature: [   ]

Date: _____

eCoE(s) Variation

☐ NO

☐ YES. It has been actioned by:

Name: _____

Signature: [   ]

Date: _____

McGill Institute Australia