APPLICATION FOR CREDIT TRANSFER/ADVANCED STANDING

Student Number _____ Name _____

Course Name _____

REQUEST FOR EXEMPTION FROM SPECIFIC UNITS/BLOCKS			COMPLETED BY THE LECTURER TEACHING THE SUBJECT				
Avondale Unit Code	Avondale Unit Name	Basis for Claim (e.g. Code and Name of unit undertaken at other institution)	Avondale Unit Code	Credit Points	Approved Yes/No	Lecturer's Signature	Faculty

NOTE: Documentary evidence must be attached

Student's Signature _____ Date: _____
(Or Course Coordinator signing on behalf of student)

Signature_____ Date_____
Course Coordinator

Signature_____ Date_____
Chair, Faculty Research and Teaching Committee