

COURSE CREDIT APPLICATION FORM (HIGHER EDUCATION) PART 1- APPLICANT

1. Applicant Details							
				Kent Student ID #: (if known)			
Title:	Mr.	Ms.	Mrs.	Miss	Other:		
Family Name:							
Given Names:							
Contact Details:	(Mobile):		E-n	nail:			
1. Course:	Manage	of Business ment ng/Managem	Marketin	ecialisation belo g A	ow) Accounting	Information Systems	
2. Course	Bachelor	of Accountir	ng				
3. Course	Bachelor o			Tick One Special	isation below)		
2. Details of Experience		iisation	Cyber Seci	апту			
On what basis are you applying for course credit? (Please Tick Formal study If so, please attach certified, translated and verified copies of the following documents: • Transcript of results • Certificates • Course outlines • Course outcomes • Subject outlines • Course descriptions 50% of the course is the maximum that can be credited for previous studies.			t for 2 e	 Work experience If so, please attach certified and verified copies of all the following documents relevant to your application: Current resume Job description(s) Reference letters including email addresses and phone Numbers (minimum 3 years experience) Performance review documentation from roles held Relevant evidence that relates to the particular unit 25% of the course is the maximum that can be credited for work experience. Study and Work experience 50% of the course is the maximum that 			
3. Declaration (Please Tick							

I understand that after this Course Credit Application has been assessed by Kent staff I will be required to formally accept the credits offered to me before these credits will be processed on my student record.

Student Signature:		Date:
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SUBMIT FORM with accompanying documents via E-mail To: admissions@kent.edu.au or in person at Reception Desk – Level 11, 10 Barrack Street, Sydney OR Reception Desk - Level 10 350 Queen Street, Melbourne.

KENT STAFF- For assessment refer to Course Credit Application Form HEd Part 2- Staff