

Family Name First Name Home Institution Student ID

Date of Birth DD/MM/YYYY Email Address *(please write clearly)*

Phone (Home) Phone (Mobile) SCU Student ID (if known)

Institution Name *(e.g. The University of Melbourne)*

Full Course Name *(e.g. Bachelor of Business Administration)*

Proposed Units/Subjects of Study

SCU Unit Code <i>(e.g. EDU10706)</i>	SCU Unit Name <i>(e.g. Professional Development in Education)</i>	Study Period <i>(e.g. Session 1)</i>	Study Year <i>(e.g. 2012)</i>	Location/Campus <i>(e.g. Lismore)</i>

Will all the unit(s) listed above be credited to the student's course? Yes: No:

How are the student's fees paid for the above course? Commonwealth Supported Domestic Full Fee Paying International Full Fee Paying

Is this request through the RUN Program? Yes: No:

Additional Comments *(if any)*

University Officer's Signature

Date Signed DD/MM/YYYY

University Officer's Full Name

Institution's Official Stamp/Seal

Position at Institution

Contact Phone Number

Email Address