Level 4, 303 Collins Street, Melbourne, VIC 3000



Course Credit Transfer and Recognition of Prior Learning (RPL) Application Form

Part 1. STUDENT PERSONAL INFORMATION												
Student Name				Student ID								
Date of Birth				Nationality								
Part 2. CONTA	CT DETA	ILS										
Email Address				Mobile Phone								
Address												
Part 3. COURSE INFORMATION (Lyons College Program for which you are applying for credit)												
Course Name												
Course Start Date				Course Code								
Part 4. CREDIT	TRANSF	ER DETAILS (Your previous Course succ	essful	ly completed)								
Institution Name		Course Name				Approved (Office use ONLY)						
					☐ Yes	□ No						
					□ Yes	□ No						
					□ Yes	□ No						
					□ Yes	□ No						
					☐ Yes	□ No						
Part 4. CREDIT	TRANSF	ER DETAILS (Your previous Unit success	fully o	completed)								
Unit Code Unit T		itle		Corresponding Lyons Unit (OFFICE USE ONLY)								
			If not eligible, provide the reason(s).									
			1									

Lyons College

Ph: +61 3 8648 6610

studentadmissions@lyons.edu.au

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Part 5. STUDENT DECLARATION										
□ I have read the Credit and RPL Policy and Procedure and understand them. □ I have read the instructions provided on this Application Form and supplied all required evidence. □ The information I have provided in this Form is true and correct to the best of my knowledge. I acknowledge that the provision of incorrect information may result in my application being rejected. □ I have not sent any original documentation, but I have sent certified copies of originals. □ understand that Lyons College will retain all documents lodged in this application. □ I am aware that I may be charged a fee for processing this application, but Lyons College will inform of this me prior to commencing the assessment. □ I am aware that the credits granted for CORE Units will apply only towards the award of the qualification. The professional bodies (eg. CPA) or others may not recognize these credits if they are not delivered by an Australian Higher Education Institute accredited by them. □ I understand that accepting this credit is not compulsory.										
Student Signature:						Date:				
LYONS COLLEGE OFFICE USE ONLY										
Program Coordinator										
			Signature		Date					
Dean										
Staff Name (Print)			Signature		Date	Pate				
Credit Granted	☐ Yes	□ No								
Notes: *Signed and Approx	ved copy to be u	pdated on SM	1S (Meshea	l) with Unit Credits.						

CRICOS No: 03578M TEQSA Provider ID: PRV14300 RTO Code: 21986