



## Advanced Standing / Recognition of Prior Learning / Credit Transfer Application Form HEFOR01

1. Complete Sections A to D.
2. Attach certified copies of academic transcripts and qualifications.
3. Attach relevant subject outlines (HE qualifications only).

Applications are assessed on a case-by-case basis and take into consideration:

- The AQF level of the course completed.
- The relevance of the prior learning to the course applied for.
- No fees apply to review academic credit applications

Students will be advised of the outcome of their application within 14 days of their application being received by Student Administration.

### PART A – PERSONAL DETAILS

First Name	
Last Name	
Date of Birth	
SCEI-HE Student ID (if applicable)	
SCEI-HE Course	

### PART B – PREVIOUS STUDY / PRIOR LEARNING

Name of Institution	
Course Name	
Year Study Completed	
Relevant Work Experience (if applicable)	



PART C – ADVANCED STANDING REQUESTED		OFFICE USE ONLY
Subject / Unit Completed	SCEI-HE Equivalent	Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PART D – APPLICANT DECLARATION</b>	
<input type="checkbox"/> I declare that the information provided is accurate and complete. SCEI-HE has the right to verify my documents by contacting the issuing provider.	
<input type="checkbox"/> I have attached all relevant supporting documents.	
Applicant Name:	
Applicant Signature:	Date:

OFFICE USE ONLY	
<b>PART E – COURSE DURATION</b>	
Has the course duration been affected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SCEI-HE Course start date	
SCEI-HE Course end date	
Comments	



**OFFICE USE ONLY**  
**PART F – FINAL APPROVAL**

Academic Director Name:

Academic Director Signature:

Date: