



Sunshine College of Management Pty Ltd  
18 Withers Street Sunshine Victoria 3020  
Tele +61 3 9311 5180; Fax +61 3 9312 7625  
E-mail: [info@scm.vic.edu.au](mailto:info@scm.vic.edu.au)  
Website: [scm.vic.edu.au](http://scm.vic.edu.au)

## CT/RPL Application Form

Family Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Given Name:		Date of Birth:	
Address:			Post Code:
Student ID No:	Group:	Mobile:	
Email:			
Course:			

Please Choose (tick)  RPL – A Skills Assessment form will need to be completed to support this application  
(An RPL Kit will be provided to you)  
 Credit Transfer (Complete the details in the table below) you will need to provide evidence of the units completed

### Provide Credit Transfer Details Only

Unit Code	Unit Name	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
		<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

(Please attach another form if insufficient space)

**CT/RPL FORM**

Version: 2.5 March 2015

CRICOS Provider No. 02835G | RTO No. 121908 | Sunshine College of Management Pty Ltd



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<b>Student Declaration</b>	
I declare the information provided by me is complete. I understand that I will be notified in writing of the outcome of this application	
Student Name _____ Student Signature: _____ Date: _____	
<b>OFFICE USE ONLY</b>	
Credit Transfer Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
RPL Kit Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Course Duration Changed	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, insert the new end date below)
End Date of the Enrolled Course:	_____
Staff Name _____	Staff Signature: _____ Date: _____