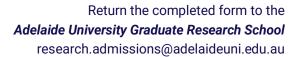


# **Application for Credit/Transfer and Details of Prior Enrolment**

First Name		
Last Name(s)		
I am an International Student	□ Yes	□ No
For Master of Research applicants wi	shing to apply for coursework credi	t complete section A.
For Master of Philosophy / Doctor of complete section B.	Philosophy applicants seeking cred	it for prior research work undertaken,
Section A: Credit Applicati	on for Coursework Previo	ously Undertaken
If you are applying for credit for cours following information:	ework completed within a previous	qualification, please provide the
Name of Former Qualification/s (list	t all that are relevant):	
Institution (if other than Adelaide U	oiversity):	
motitation (in other than Adelaide of	inversity).	
Adelaide University course(s) for which credit sought (please also indicate the unit value of the course(s))	Equivalent course(s) completed in former qualification	School recommendation of credits to be granted (for office use only)





Note: If applying for credit on the basis of coursework completed at an institution other than Adelaide University including coursework completed at the University of Adelaide or the University of South Australia, the application must be accompanied by copies of the relevant Transcripts and course syllabi.

Applicants may, on the advice of the discipline in which they are undertaking their research and with the approval of the Dean of Research Programs, be permitted to enrol in any relevant courses of equivalent or higher academic standard in lieu of any courses in which they are eligible to receive credit, instead of accepting credit for those courses. If you would like to seek approval for such substitution, please include below the courses you would like to undertake, in lieu of receiving credit as per the above table.

Course Name	Course Code

### <u>Section B: Details of Previous or Current Postgraduate Research Program</u>

PLEASE NOTE: Your Research Training Program (RTP) Fees Offset entitlement and period of candidature may be reduced as required by the RTP Guidelines. Further information regarding the RTP can also be found on the Department of Education and Training's website at: <a href="https://www.education.gov.au/research-training-program-frequently-asked-questions-students">https://www.education.gov.au/research-training-program-frequently-asked-questions-students</a>

## Research Students/Applicants seeking transfer to Adelaide University

If you are applying to transfer from another institution, please provide the following information:

**Application for Credit form** 



### Return the completed form to the Adelaide University Graduate Research School research.admissions@adelaideuni.edu.au

Name of Qualification:						
Institution (if other than Adelaide University, University of Adelaide or						
University of South Australia):						
Commencement Date:		/	/			
Name of Principal Supervisor:						
Previous Research Topic:						
New Research Topic (if applicable):						
Is your Principal Supervisor also transferring to Adelaide University?		Yes		No		
If no, please provide a reason for the trans	sfer:					
Previously Enrolled Students						
Name of Former Qualification:						
Institution (if other than Adelaide						
University, University of Adelaide or University of South Australia)):						
Years of Study:	/	/		/	/	
Name of Principal Supervisor:						
Previous Research Topic:						
New Research Topic (if applicable):						
Did you complete this qualification			☐ Yes		□No	
Is your Principal Supervisor also			☐ Yes		□ No	

If no, please provide an explanation of reason for withdrawal/discontinuing previous qualification:

**Application for Credit form** 



Return the completed form to the Adelaide University Graduate Research School research.admissions@adelaideuni.edu.au

Name:		
Position:		
Area of Administration:		
Phone Number:		
E-mail:		
Scholarship Details		
If you held a scholarship(s) for your obelow:	current or previous postgraduate research q	ualification, please provide details
Scholarship Title	Commencement Date	Date of Termination/Transfer

As verification of the details of your scholarship(s) must be obtained please provide contact details below of the person or officer in your institution responsible for the administration of your scholarship.

#### **Contact Details**

Please provide contact details below of the person or officer responsible for the administration of postgraduate research (candidature) in your previous institution. The specified **person/officer** will be contacted to verify the number of Full-Time Equivalent (FTE) days consumed during your postgraduate research enrolment.





## **Certification by Applicant**

I declare that the information supplied by me in this application is complete, true and correct.

I authorise Adelaide University to obtain confirmation of my academic background from other educational institutions and relevant authorities including details of my enrolment, academic record, progress, attendance, examination results and scholarship records.

<b>Syllabus and Transcrip</b>	ts Attached	☐ Yes	□ N/A	
Name:	Signature:		Date:	
Adelaide University App	rovals Only			
As at Date:	Number of FTE	days of Credit:	Number of RT	P days of Credit:
Endorsement by Princip  Principal Supervisor/Area Approver's name (circle as appropriate):	al Supervisor or Signature:	Area Approv	ver Date:	
Approvals - AUGRS				
Name:	Signature:		Date	
For Office Use Only				
Candidature consumed:		С	Comment:	
RTP consumed:				
Scholarship tenure consumed:				
Coursework to be credited: □Yes	□No			