

Credential Request and Clearance Form

Instructions to the student:

- 1. If this application form is incomplete, Swanston Institute may not commence or delay processing your request. One course per application form only.
- 2. If you have completed units from Swanston Institute, have Credit Transfers or applied for RPL's, please ensure that it has been completed with your Trainer/Assessor/relevant Swanston Institute Staff prior to lodging this form.
- 3. Any debts should be paid prior to lodging this form. Please allow 20 working days to process your request.
- 4. Please email the filled form and relevant documentation to Admin@swanston.edu.au or submit the form at reception.

	bmit the form at re	1		
Student I	Name:			
Student I	D No.			
Course C	ode and Course Na	ime:		
Unique S	tudent Identifier (l	USI):		
Contact I	Number (Mobile):		 	
Email Ad	dress:		 	
Address:				
	nt Requested			
Please tic	ck the appropriate b	oox.		
	Results			
	Statement of Attai	nment		
	Certificate			
	Completion Letter			
	Others(Please Spec	сіту):		
Student D	eclaration:			
acknowled	_	d all fees and rel		Swanston Institute. I also ibilities or any quit claims
Student S	Signature:		Date:	
	,			



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ADMINISTRATION USE ONLY							
Approved from Accounts Department:							
Name:							
Signature:		Date:					
Processed by: (Records Department)							
Name:							
Signature:		Signature:					
Checked by: (Admin Manager) Please cross check all the details with axcelerate:							
Name:							
Signature:		Signature:					