University of South Australia | Student and Academic Services

Application for Credit

STUDENT DETAILS	
Personal Details	
Student ID: [redacted]	
Title: Miss	First name(s): [redacted]
Family name: [redacted]	
Contact No: [redacted]	
Email: [redacted]	
Program Details:	
Program code: IGSO	
Program title: Graduate Diploma in Medical Sonography	
Program Plan / Major (if applicable):	
GEN-IGSO	
Student would like to consider previous education/experience against	
All courses in current Program	Specific courses in current program
Yes	

Type of Credit applied for		
External	**Internal**	**Recognition of Prior Learning**
	Yes	

Student Declaration:	
☑ I understand that by submitting this application, I accept the credit granted. It is my duty to contact Campus Central if I no longer wish to accept my credit	
Submitted by: [redacted]	Date submitted: 11/10/2022 10:15 am

Internal Credit		
	Course	Course Name
IC1	RADY5017	Ultrasound Physics and Instrumentation 1
IC2	RADY5024	Professional Issues for Sonographers
IC3	RADY5018	Ultrasound Physics and Instrumentation 2

Additional Comments

For Program Director Completion

Approved Credit

External / Internal / RPL – Completion is optional
Enter the credit row number applicable from credit listings
Additional information is only required at your discretion

Equivalent UniSA Courses
Any courses prepopulated here have been identified by the student as ones they may be eligible to receive credit for

Credit row No.	Year	Course/ Unit identifier	Name of course/ unit	Unit value	Approved Yes/No	Subject Area	Catalogue Number	Name of Course	Unit Value	Precedent Yes/No
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For additional form please click here https://i.unisa.edu.au/siteassets/sas/staff_forms/additional_credit_form_online_form.pdf

Program Director Declaration (All fields are mandatory) *Ensure any courses listed above not accepted as credit are crossed out*	
Revised program completion date:	
☐ New domestic student study plan attached (at least 12 months) ☐ New international student study plan attached (remainder of program)	
Program Director approval can be provided by: • ***The Program Director signing a printed copy of this form*** • ***The Program Director sending a completed form directly to askCampusCentral@unisa.edu.au***	
Program Director's name:	
Program Director's signature:	Date:
Division Office: Academic Services	
Credit reviewed as	☐ Non-Precedent ☐ Precedent Credit Agreement ID No:
Reviewed by:	Date: