

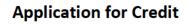
## **Application for Credit**

STUDENT DETAILS						
Personal Details						
Student ID:						
Title: Miss Fi	First name(s):					
Family name:						
Contact No:						
Email: v						
Program Details:						
Program code: IGSO						
Program title: Graduate D	iploma in Medical s	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	ı	Inte	rnal	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						

Date submitted: 11/10/2022 10:15 am

wish to accept my credit

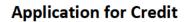
Submitted by:





Inter	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 Pro	For Program Director Completion									
Approv	ved Cr	edit								
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 Year Course/ Unit Name of course/ unit Unit value row No. Unit value			Approved Yes/No	Subject Area	Catalogue Number	Name of Course	Unit Value	Precedent Yes/No		

For additional form please click here <a href="https://i.unisa.edu.au/siteassets/sas/staff">https://i.unisa.edu.au/siteassets/sas/staff</a> forms/additional credit form online form.pdf



## **Application for Credit**

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 ap	proval can be provided by:				
<ul> <li>The Program Director signing a printed copy of this form</li> <li>The Program Director sending a completed form directly to askCampusCentral@unisa.edu.au</li> </ul>					
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:			