# Application for Credit Transfer

**PART A: TO BE COMPLETED BY THE PROVIDER**

**SECTION 1**

|  |  |
| --- | --- |
| **Name of learner:** |  |
| **Date of Birth:** |  |

**Learner is currently studying**

|  |  |
| --- | --- |
| **Centre Name:** |  |
| **Access to HE Diploma:** |  |
| **Diploma Start Date:** |  |
| **Diploma End Date:** |  |

**SECTION 2**

Complete a separate copy of this section for each diploma from which credit is to be transferred

**Previous registered Diploma from which credits are to be transferred**

|  |  |
| --- | --- |
| **Centre Name:** |  |
| **Access to HE Diploma:** |  |
| **Diploma Start Date:** |  |
| **Diploma End Date:** |  |
| **Access Validating Agency:** |  |

Please list below the units to transfer credit from and the corresponding unit to transfer the credit to. Without this information, it may not be possible to process your application.

Attach/include with this application any relevant assessments and assessed work you have gathered as evidence to support your application for credit transfer and any relevant unit transcript/certificate. Refer to the Gateway Qualifications Credit Transfer Policy for guidance on when this additional evidence is required, as it is not required in all cases.

### Unit 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit transfer from unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |
| **Transfer credit to unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |

### Unit 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit transfer from unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |
| **Transfer credit to unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |

### Unit 3

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit transfer from unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |
| **Transfer credit to unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |

### Unit 4

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit transfer from unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |
| **Transfer credit to unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |

### Unit 5

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit transfer from unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |
| **Transfer credit to unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |

### Unit 6

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit transfer from unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |
| **Transfer credit to unit:** | | | |
| **Unit Code** | **Full Unit Title** | **No. of Credits** | **Grade Achieved** |
|  |  |  |  |

**SECTION 3**

Please ensure that this application form is signed by all those identified below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider Access to HE Coordinator** | | | | | |
| **Name** |  | **Signature** |  | **Date** | Click or tap to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider Exams Officer** | | | | | |
| **Name** |  | **Signature** |  | **Date** | Click or tap to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider Head of Quality** | | | | | |
| **Name** |  | **Signature** |  | **Date** | Click or tap to enter a date. |

**PART B: TO BE COMPLETED BY AWARDING ORGANISATION ONLY**

|  |  |
| --- | --- |
| **Decision** | **Rationale** |
| Choose an item. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gateway Qualifications Director of Awarding / Head of Quality and Standards Sign Off** | | | | | |
| **Name** |  | **Signature** |  | **Date** | Click or tap to enter a date. |

Please return this application form, signed and with all supporting evidence to the Access to HE team.

**Email:** [access@gatewayqualifications.org.uk](mailto:access@gatewayqualifications.org.uk)