



APPLICATION FOR CREDIT FOR A COURSE TO BE COUNTED TOWARDS THE DEGREE OF BACHELOR OF ORAL HEALTH

Please note:

- Credit granted for any course(s) will reduce your HECS liability.
• Credit will normally only be granted where a mark of Credit or higher (or its equivalent) has been achieved in the course.
• Credit will not be granted for courses in clinical disciplines

Section A

(To be completed by the applicant and returned to the College of Dental Therapy)

SURNAME: Title (Mr, Mrs, Miss, Ms).....

OTHER NAMES:..... S.I.D:.....

ADDRESS (DURING TERM):

.....POST CODE:.....TELEPHONE:.....

CURRENT ACADEMIC YEAR (please circle): 1 2 3

I wish to apply for credit for the following course: (Please note: A separate application form should be completed for each course).

COURSE:

DEGREE:.....INSTITUTION:.....

[] I have attached copies of my academic transcript(s) from my previous studies (originals or certified photocopies)

[] I have attached an extract from the Faculty Handbook/Calendar, outlining the content of the course

Signed:Date:

Section B

(To be completed by the Course Co-ordinator/Head of Discipline/Department and returned to the College of Dental Therapy)

RECOMMENDATION: Approved [] Not Approved []

COMMENT:.....

COURSE CO-ORDINATOR (Name):.....

SIGNED:.....Date:.....

Section C

(To be completed by the Director, Bachelor of Oral Health and returned to the Faculty of Dentistry before the first week of lectures.)

DECISION: Approved [] Not Approved []

COMMENT:.....

SIGNED:DATE:.....