

Application Form – Re-crediting

STUDENT DETAILS			
First Name		Student ID	AAA
Surname			
Course/Qualification:	<input type="checkbox"/> Diploma of Aviation (Commercial Pilot Licence - Aeroplane) <input type="checkbox"/> Diploma of Aviation (Instrument Rating) <input type="checkbox"/> Advanced Diploma of Aviation (Pilot in Command)		
Date of Withdrawal:			
Study Period for recredit:		Recredit value:	\$
SPECIAL CIRCUMSTANCES <small>See over for details</small>			
Reason:	<input type="checkbox"/> Medical <input type="checkbox"/> Personal / Family <input type="checkbox"/> Employment <input type="checkbox"/> Course <input type="checkbox"/> Other		
Supporting documentation:	<input type="checkbox"/> Statement from medical professional/s <input type="checkbox"/> Statement from employer <input type="checkbox"/> Other		
Summary of special circumstance:			
DECLARATION			
I confirm I meet the circumstances listed below: <input type="checkbox"/> I have withdrawn from the course; AND <input type="checkbox"/> I am submitting my application within 12 months from my withdrawal; AND <input type="checkbox"/> I have attached supporting documentation; AND <input type="checkbox"/> I have circumstances beyond my control; AND <input type="checkbox"/> I have circumstances that did not make their full impact until on, or after, the census date; AND <input type="checkbox"/> I have circumstances that made it impractical for me to complete the requirements for the course.			
Student Signature:		Date:	
OFFICE USE ONLY	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Comments			
Staff Name		Signature	
Position Title		Date	

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Special Circumstance example	Supporting Documentation
<p><u>Medical reasons</u></p> <ul style="list-style-type: none"> - Your medical condition only becomes apparent after the census date and the effects are sufficiently serious that it is impracticable for you to continue with your studies; - You contract an illness prior to the census date, your illness continues past the census date and worsens to the extent that you are unable to continue with your studies. 	<p>Statement from your treating medical professional indicating:</p> <ul style="list-style-type: none"> - The date your medical condition began or changed; AND - How your condition affected your ability to study; AND - When it became apparent that you could not continue with your studies.
<p><u>Family/personal reasons</u></p> <ul style="list-style-type: none"> - A member of your family suffers from a severe medical condition that requires you to provide full time care, and as a result you are unable to continue your studies; - You or your family's financial circumstances change unexpectedly to the extent you are unable to continue with your studies. 	<p>Statement from the family members treating medical professional indicating:</p> <ul style="list-style-type: none"> - The date your personal circumstance began or changed; AND - How your circumstances affected your ability to study; AND - When it became apparent that you could not continue with your studies.
<p><u>Employment reasons</u></p> <ul style="list-style-type: none"> - You are engaged in employment out of necessity and your employer increases your hours of employment in circumstances where you are unable to object, as a result you are unable to continue with your studies. 	<p>Statement from your employer indicating:</p> <ul style="list-style-type: none"> - Your previous work hours and location; AND - Your current work hours and location; AND - The reason for changed hours and/or location. <p><i>NOTE - this must be provided in a Statutory Declaration</i></p>
<p><u>Course reasons</u></p> <ul style="list-style-type: none"> - You have been disadvantaged by changed arrangements to your unit of study, and it was impossible for you to undertake alternative units of study. 	