



THE CATHOLIC INSTITUTE
OF AOTEAROA NEW ZEALAND
Te Pūtahi Katorika ki Aotearoa

STUDENT APPLICATION FOR CREDIT

**STUDENT NSN
STUDENT EMAIL**

**NAME
ADDRESS**

DATE

PROGRAMME/COURSE OF STUDY STUDENT IS ENROLLED

STUDENT APPLICATION FORM

Form Completed by Student

Yes

No

Evidence of Qualifications and/or Experience produced

Yes

No

(Refer Application)

PREVIOUS QUALIFICATIONS

QUALIFICATION	INSTITUTION	YEAR

EXPERIENCE

FIELDS OF STUDY

Scripture	Theology	Pastoral Ministry	Liturgy	Religious Education

ALLOCATION OF CREDITS FOR PROGRAMME/COURSE
(Specify Programme/Course)

Course	Credit Awarded	Cross Credit	Alternative

Note:

CREDIT ALLOCATION:

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RECOMMENDATION:

Signed:

Academic Dean or Dean of Theology or Head of Student and Business Support (delete others)

Date: