





**Queensland International Business Academy**

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QIBA Pty Ltd

ABN: 35 071 667 108

RTO Code: 5304

CRICOS Provider Code: 01515J

**Student Declaration**

I declare the information provided by me is complete. I understand that I will be notified in writing of the outcome of this application

Student Name \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Credit Transfer Approved?  Yes  No

RPL Kit Provided?  Yes  No

Course Duration Changed  Yes  No (If yes, insert the new end date below)

End Date of the Enrolled Course: \_\_\_\_\_

Staff Name \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_