



## Refund Request Form

### Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:  
 Mars Institute – 5/200, Turner Street, Port Melbourne, VIC 3207. Telephone: +61 3 9645 2259  
 Email: info@mars.edu.au | Website: www.mars.edu.au

### Details

Student Name: _____	Student ID: _____
Contact Details: _____	
Course Code: _____	
Course Description: _____	Course Intake: _____

### Refund Type (Tick)

VISA Refusal   
  VISA Renewal Refusal   
  VISA Breach of Condition   
  Withdrawal   
  Transfer   
  Cancellation  
 Evidence Attached

### Reason for refund

**I request a refund for payment of the following:**

Invoice Number: \_\_\_\_\_

**Reason: (Please attach any supporting documentation)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Acknowledgement

I understand that my request for a refund will be processed in accordance with Mars Institute Refund Policy. I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.

Signature of Applicant: \_\_\_\_\_

Account Name: _____	Bank: _____
Branch Address: _____	SWIFT Code/IBAN: _____
BSB No.: _____	Account No.: _____



## Authorisation

### Authorisation for Processing

**Action to be taken:**  Approved  Denied  Adjusted Amount: \$ \_\_\_\_\_

**Extension Date:** \_\_\_\_\_

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

**Staff Name:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Amount to be refunded:** \_\_\_\_\_