



Transfer of Provider 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

General Details

Family Name (Surname): _____	Given Name(s): _____
Student ID: _____	Mobile: _____
Email Address: _____	
Course Code & Description: _____	Course: _____
Course Start Date: _____	Course End Date: _____

New Provider Details

Name: _____	Trading Name (if different from Company name): _____	
CRICOS Number: _____	Course: _____	
Email: _____	Website: _____	
Phone Number: _____	Mobile Number: _____	Fax: _____
Address: _____		
City / Suburb: _____	Postcode: _____	

Reason for request

I request a Transfer of Provider for following reasons: (Attach any supporting documentation)

Acknowledgement

I understand and acknowledge that this Transfer of Provider request will be processed in accordance with Mars Institute Transfer of Provider Policy. Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.

Student Name: _____ Student Signature: _____



Office Use Only

Authorisation for Processing

Checklist:

- Does the student have a Valid Letter of Offer?
Does the student have any outstanding fees or charges?
Has the student been maintaining good academic progress and attendance?
Has the student been informed of their requirement to contact DOHA?
Has the student been counselled on their request?

Letter of Release

Letter of Release Issued:
Staff Name:
Date:
Signature:

Obligations

DHA Informed
MARS Obligations End:
Date:

Appeal of Decision

Appeal Lodged:
Ticket Number:
Date:
Signature:

Comments:

Four horizontal lines for entering comments.

Staff Name:
Signature: