



Refund Request Form

Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:
 Mars Institute – Level 6, 416–420 Collins Street, Melbourne, Victoria 3000. 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.: _____



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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: _____