



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 – Level 6, 416–420 Collins Street, Melbourne, Victoria 3000. 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: _____



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Office Use Only

Authorisation for Processing

Checklist:

Does the student have a Valid Letter of Offer? ☐ Yes ☐ No

Does the student have any outstanding fees or charges? ☐ Yes ☐ No

Has the student been maintaining good academic progress and attendance? ☐ Yes ☐ No

Has the student been informed of their requirement to contact DOHA? ☐ Yes ☐ No

Has the student been counselled on their request? ☐ Yes ☐ No

Letter of Release

Letter of Release Issued: ☐ Yes ☐ No

Date: _____

Staff Name: _____

Signature: _____

Obligations

DHA Informed ☐ Yes ☐ No

Date: _____

MARS Obligations End: _____

Appeal of Decision

Appeal Lodged: ☐ Yes ☐ No

Date: _____

Ticket Number: _____

Signature: _____

Comments:

Staff Name: _____

Signature: _____