TRANSFER OF PROVIDER REQUEST FORM

PERSONAL DETAILS	
Date:	
Student Name:	
Student ID:	
Course Code/ Course Name:	
Course Commencement Date:	

NEW PROVIDER DETAILS			
Name:			
Address:			
Suburb:		**State:**	
Phone:		**Fax:**	
Email:		**Website:**	
CRICOS Number:			
Course:			

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 Mercury Institute of Victoria's Student Transfer Policy and Procedure. Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.			
Print Name:		**Signature:**	

AUTHORISATION				
Authorisation for Processing				
Checklist:			**YES**	**NO**
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 Department of Home Affairs			☐	☐
Has the student been counselled on their request			☐	☐
Comments:				
Action:	☐ APPROVED		☐ DENIED	
Name:		**Position:**		
Signature:		**Date Processed:**	/ /	

ADMIN USE ONLY				
Release Transfer				
Release Transfer Approved:	☐ Yes	☐ No		
Obligations				
DHA Informed:	☐ Yes	☐ No		
Appeal of Decision				
Appeal Lodged:	☐ Yes	☐ No		
Name:		**Position:**		
Signature:		**Date Processed:**	/ /	