

**Nunatsiavut Government – EDUCATION DIVISION**



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**Commuting Request Form**

Student Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Program: \_\_\_\_\_

Street address while in training:  
\_\_\_\_\_  
\_\_\_\_\_

Institution Address:  
\_\_\_\_\_  
\_\_\_\_\_

This is to confirm that I will be commuting more than 15km each way per day from my place of residence to my institution to attend training. I have attached a copy of my schedule for this semester:

- Fall Semester     Winter Semester     Spring Semester     Intersession     Summer Semester

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Reminder:** To avail of the commuting support for full duration of your training, please submit a new commuting form each semester with a copy of your schedule. Commuting support will **not** be continued until a new schedule has been submitted each semester. It is also your responsibility to notify the administering office if you move, then a new Commuting Request Form would have to be submitted.

**For Office Use Only:**

Attached documentation from Google Maps of confirmation of distance    Initials: \_\_\_\_\_

Attached copy of semester schedule is attached

Approved:  Yes  No    Claim form attached:  Yes  No

Amount Approved: \_\_\_\_\_ Dates covered From: \_\_\_\_\_ to: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Allocation:     PSSSP     ISETP ( EI  CRF)     IPSE