



Nunatsiavut Government – EDUCATION DIVISION

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Commuting Allowance Request Form

Student Name: _____ Student #: _____

Institution: _____ Program: _____

Street address while in training: _____ Institution Street Address: _____

Email: _____ Phone #: _____

This is to confirm that I will be commuting a minimum of 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
- Other Start: _____ End: _____

Supporting Documents Attached: Current Class Schedule

*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: Yes No
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