



Nunatsiavut Government – EDUCATION DIVISION

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Student Travel Request Form

Form with fields for Student Name, Student #, Date of Birth, Primary Email, Program, Institution, Phone #, Living Arrangements, and Mailing Address.

- Purpose of Travel: Regular Beginning or End of Semester Travel, Required travel for Online studies, Alternate Mode of Transportation, Graduation, Graduation Guest, Work Term, Orientation Chaperone, Extra Trip, Licensing/Certification Exam, Childcare Provider, Early Departure, Alternate Travel Time, Short Course

NOTE: If I will be traveling by _____ instead of by airline, I understand that the amount of support I will be receiving will be equivalent to the price of an airline ticket. This amount will be advanced to me before I start my travels.

*REQUIRED FOR ALL TRAVEL

Travelling from: _____ Travelling to: _____
Departure Date: _____ Return Date: _____
Mode of Transportation: _____ # of people traveling: _____

Accommodations (if applicable): Private Hotel

Travel Disclaimer:

Student:

- I hereby certify that all expenditures claimed will be on Nunatsiavut business.
I have attached a copy of my/our itinerary to this form.
I understand that if my/our travel itinerary changes and I/we return early or leave late or do not go at all, I/we will repay the Nunatsiavut Government any balance owing from the advance.
I HEREBY WAIVE, RELEASE, DISCHARGE AND AGREE NOT TO SUE the Nunatsiavut Government and its affiliates, successors, heirs, executors, and assigns from any and all claims including, but not limited to, claims for travel expenses, causes of action based on personal injury (including death) and damages to personal property, that I may have in the future against the Nunatsiavut Government and its affiliates, successors, heirs, executors, assigns, officers, employees, representatives and agents, which may result directly or indirectly from travelling with the student as their guest

*Student Signature: _____ Date: _____

GUEST INFORMATION

Graduation Guest Orientation Chaperone Information (if applicable): Childcare Provider Spouse/Dependent

Name: _____
Email : _____

Date of Birth: _____
Phone #: _____

Name: _____
Email: _____

Date of Birth: _____
Phone #: _____

Name: _____
Email: _____

Date of Birth: _____
Phone #: _____

Name: _____
Email: _____

Date of Birth: _____
Phone #: _____

All Travelling from: _____

Travelling to: _____

Departure Date: _____

Return Date: _____

Mode of Transportation: _____

Guest:

As a guest, travelling with: _____

I understand that:

- The Nunatsiavut Government-Education Division, will cover expenses related to my travel that include ground transportation (if driving *note: if flying, flights will be prepaid), accommodations (private &/or hotel), meals (according to NG rates), and taxi (only applicable for Orientation Chaperone & Bad Weather allowance).
- I HEREBY WAIVE, RELEASE, DISCHARGE AND AGREE NOT TO SUE the Nunatsiavut Government and its affiliates, successors, heirs, executors, and assigns from any and all claims including, but not limited to, claims for travel expenses, causes of action based on personal injury (including death) and damages to personal property, that I may have in the future against the Nunatsiavut Government and its affiliates, successors, heirs, executors, assigns, officers, employees, representatives and agents, which may result directly or indirectly from travelling with the student as their guest.

***Signature of Guest:** _____

<p>For Office Use Only:</p> <p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Approved by: _____ Date: _____</p> <p>Amount deposited into Student account: _____</p> <p>Amount deposited into Guest Account: _____</p> <p>Is advance copy attached to this form: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has guest bank information been provided: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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