



**Nunatsiavut Government – EDUCATION DIVISION**

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**Student Travel Request Form**

Student Name: _____	Program: _____
Student #: _____	Institution: _____
Date of Birth: _____	
Primary Email Address: _____	Phone #: _____
Living Arrangements (while in training): Check <b>one</b> box per semester:	Mailing Address (while in training): _____
<input type="checkbox"/> renting/boarding	City/Town: _____
<input type="checkbox"/> living with parents	Province: _____
<input type="checkbox"/> campus residence	Postal Code: _____
<input type="checkbox"/> own home	

- Purpose of Travel:**
- Regular Beginning or End of Semester Travel
  - Alternate Mode of Transportation     Graduation     Graduation Guest     Work Term
  - Orientation Chaperone     Extra Trip     Licensing/Certification Exam     Childcare Provider
  - Early Departure     Alternate Travel Time (may include Childcare Provider or Spouse)     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     Childcare Provider     Spouse/Dependent  
Information (if applicable):

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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: \_\_\_\_\_

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

**For Office Use Only:**

Approved:  Yes     No    Approved by: \_\_\_\_\_    Date: \_\_\_\_\_

Amount deposited into Student account: \_\_\_\_\_

Amount deposited into Guest Account: \_\_\_\_\_

Is advance copy attached to this form:  Yes     No

Has guest bank information been provided:  Yes     No

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_