



**Nunatsiavut Government – EDUCATION DIVISION**

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**Student Travel Request Form (must submit both pages)**

**NOT REQUIRED FOR REGULAR AIR TRAVEL AT BEGINNING AND END OF SEMESTER**

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	_____
<input type="checkbox"/> living with parents	City/Town: _____
<input type="checkbox"/> campus residence	Province: _____
<input type="checkbox"/> own home	Postal Code: _____

- Purpose of Travel:**
- |   |   |
|---|---|
| <input type="checkbox"/> Required travel for Online studies | <input type="checkbox"/> Alternate Mode of Transportation                                 |
| <input type="checkbox"/> Graduation                         | <input type="checkbox"/> Graduation Guest   |
| <input type="checkbox"/> Work Term                          | <input type="checkbox"/> Short Course   |
| <input type="checkbox"/> Orientation Chaperone              | <input type="checkbox"/> Extra Trip   |
| <input type="checkbox"/> Licensing/Certification Exam       | <input type="checkbox"/> Childcare Provider   |
| <input type="checkbox"/> Early Departure                    | <input type="checkbox"/> Alternate Travel Time (may include Childcare Provider or Spouse) |

**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.

**If this form is not received a minimum of 4 weeks prior to requested travel, you will be required to cover all costs up front and submit receipts for reimbursement (\*not applicable to beginning/end of semester travel).**

**\*REQUIRED FOR ALL TRAVEL**

Travelling from: _____	Travelling to: _____
Departure Date: _____	Return Date: _____
Mode of Transportation: _____	# of people traveling: _____
Accommodations (if applicable): <input type="checkbox"/> Private	<input type="checkbox"/> 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 : \_\_\_\_\_

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:** \_\_\_\_\_

**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:**

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