



**Nunatsiavut Government – EDUCATION DIVISION**

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**Commuting Allowance Request Form**

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

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

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

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

**Along with your request form, you must also submit a copy of your class schedule for your current term that outlines the number of days per week that you are required to be on campus or attend in-person sessions.**

Requesting for:  Fall Semester  Winter Semester  Spring Semester  
 Intersession  Summer Semester  Other: \_\_\_\_\_

Term dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

Class Schedule and/or supporting document(s) attached?  Yes  No

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder:** To avail of commuting support for the full duration of your training, please submit a new commuting form each semester with a copy of your schedule. Commuting support will **not** continue until a new schedule has been submitted each semester. It is also your responsibility to notify the administering office of any changes to your address or program schedule, as a new Commuting Request Form may be required.

<b>For Office Use Only:</b>	
<input type="checkbox"/> Attached documentation from Google Maps of confirmation of distance	Initials: _____
Attached copy of semester schedule is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Claim form attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount Approved: _____ Dates covered From: _____ to: _____	
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Funding Allocation: <input type="checkbox"/> PSSSP <input type="checkbox"/> ISETP ( <input type="checkbox"/> EI <input type="checkbox"/> CRF) <input type="checkbox"/> IPSE	