NUNATSIAVUT
kavamanga Government

Nunatsiavut Government Education Division
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Toll-free Phone: 1-877-923-2171 Fax: 1-709-923-2347

PROTECTED HIGH
CONTAINS PERSONAL OR SENSITIVE INFORMATION

Commuting Allowance Request Form

Email completed forms and supporting documents to: education@nunatsiavut.com Incomplete forms will not be accepted.

Student name: _____ Program Name: _____

Institution name: _____

Student Street Address during training: **Institution Street address** (or location of in-person training):

_____ _____

_____ _____

_____ _____

Requesting for: ☐ Fall Semester ☐ Winter Semester ☐ Spring Semester ☐ Intersession ☐ Summer Semester
☐ Work term, placement, clinical, etc. ☐ Other: _____

*Required: Semester/term **Start date**: _____ **End date**: _____

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

*Your request form **must include a copy of your class schedule for your current term of study** that indicates the number of days per week that you are required to be on campus or attend in-person sessions, training, etc. Requests without a supporting document will not be processed.

Reminder: To avail of commuting support for the full duration of your training, you must submit a new commuting allowance request form with a copy of your schedule for each semester/term that you attend. Commuting Allowance will not continue until a new schedule has been submitted each semester/term. It is also your responsibility to notify the administering office of any changes to your residential address or program schedule throughout your sponsorship.

_____ _____
Student Signature **Date**

For Office Use Only:
Copy of semester schedule attached? ☐ Yes ☐ No
Confirmation of distance via Google Maps attached? ☐ Yes ☐ No Initials: _____
Approved: ☐ Yes ☐ No Approved by: _____ Amount Approved: _____ Date: _____
Dates covered: From: _____ to: _____
Entered by: _____ Date: _____
Funding Allocation: ☐ PSSSP ☐ ISETP (☐ EI ☐ CRF) ☐ IPSE

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