NUNATSIAVUT
kavamanga Government

EDUCATION AND ECONOMIC DEVELOPMENT

PROTECTED HIGH
CONTAINS PERSONAL OR SENSITIVE INFORMATION

EDUCATION DIVISION

COMMUTING ALLOWANCE REQUEST

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

Submit Form

Section 1: Student information

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

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

Semester/Term *(required)*:
Start Date:
End Date:

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

Your 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. You must also include a **confirmation via Google Maps** that confirms the commuting distance. Requests without supporting documents 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:

Semester Schedule Attached? ☐Yes ☐No	**Copy of Google Maps Attached?** ☐Yes ☐No **Initials:**	
Approved: ☐Yes ☐No	**Approved By:**	**Date:**
Approved Amount:	**Dates Covered From:**	**to:**
Entered By:		**Date:**
Funding Allocation: ☐PSSSP ☐ISETP (☐EI ☐CRF) ☐IPSE		

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