Print Form

THE UNIVERSITY OF WESTERN AUSTRALIA

STUDENT TRAVEL APPROVAL FORM

All students engaged in travel for approved academic purposes must complete Section 1 of this form, sign Section 2, and forward this form to their supervisor for signature. This form should then be lodged with the School Manager/Delegate for review and filing.

PLEASE NOTE: The purpose of this form is to collect information for Insurance and Financial Services audit purposes and to document observance of the University's Duty of Care in respect to students engaged in UWA funded travel. It does not constitute application for (or confer approval of) (i) absence from study, (ii) funding from the sources listed, or (iii) the removal of UWA equipment.

SECTION 1: STUDENT TO COMPLETE

Surname _____ **Given Names** _____ **Student No.** _____

School _____ **Course** _____

Dates of Absence: **From** _____ **To** _____

Reason for Travel *(clearly indicate academic relevance and/or include name of conference where applicable)*:

Estimated Costs:

Airfare	$
Accommodation	$
Registration Fees	$
Other	$
Total Estimated Cost	$

List Approved Funding Sources and Amount Drawn:

PGRS Travel Grant	$
School Travel Grant	$
Supervisor Funds *(specify)*_____	$
Other *(specify)*_____	$

Itinerary *(or alternatively attach a copy of your itinerary annotated to show business and personal travel components)*:

Departure Point	Date	Arrival Point	Date	Business / Personal

Accompanying Equipment List *(List all equipment of significant value, citing serial or UWA Asset Numbers where applicable)*:

Form Continued Over

SECTION 2: STUDENT TO SIGN

1. I confirm that I have read and will comply with the University Travel Policy (www.finserv.uwa.edu.au)
2. I confirm that I have read and will comply with the University Corporate Travel Insurance Policy (www.safety.uwa.edu.au)
3. I confirm that I have read and understood DFAT travel advice for all overseas destinations on my itinerary (www.dfat.gov.au)

STUDENT'S SIGNATURE: **DATE:**

SECTION 3: STUDENT TO FORWARD TO SUPERVISOR

N.B. Supervisor should please check that the source of any Supervisor Funds is clearly identified by name or PG in Section 1

NAME OF SUPERVISOR:

SUPERVISOR'S SIGNATURE: **DATE:**

SECTION 4: SUPERVISOR TO FORWARD TO SCHOOL MANAGER/DELEGATE

N.B. School Manager/Delegate should please ensure that this form is held by the School for Financial Services audit

NAME OF SCHOOL MANAGER/DELEGATE:

SCHOOL MANAGER/ DELEGATE'S SIGNATURE: **DATE:**