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 Department of Education
 Ilinniaqtuliqiyikkut
 Ministère de l'Éducation

FANS EARLY OR LATE TRAVEL REQUEST FORM

! IMPORTANT

This form must be filled in and submitted to the FANS office if:

- You need to travel from your home community to your school more than 2 weeks before your classes start at the beginning of the school year; OR
- You need to stay at your school more than 2 weeks after your classes end at the end of the school year.

Note: Early travel requests must be submitted at least 2 weeks in advance of your requested travel date. Late travel requests must be submitted before the end of your classes.

Submit your completed form to: FANSTravel@gov.nu.ca

A - TRAVEL REQUEST DETAILS		
Last Name	First Name	
I am requesting approval for (please check one): <input type="checkbox"/> Early travel from my home community to my school at the start of school year <input type="checkbox"/> Late travel from my school to my home community at the end of school year		
Home Community	School Location	
School Start Date	School End Date	
Reason for Request		
Requested Travel Date(s)	From: (yy-mm-dd)	To: (yy-mm-dd)
Please read and sign the declaration below: I, (Student Name) _____ of, (Home Community) _____ Nunavut, understand that by (a) requesting early travel to college/university destination that I will not be receiving living expense payments from FANS until my FANS SEF or NAC EV (NAC students) is submitted, my classes have started, and that all the expenses to my early travel will be my responsibility, or (b) requesting late travel to my home community that I will not be receiving living expense payments from FANS and that all the expenses to my late travel will be my responsibility. With either early or late travel, if anything were to happen to me or my family, I understand FANS will not be held responsible.		
Print Name: _____	Signature _____	Date: (yy-mm-dd) _____
AGREEMENT ONLY VALID IF SIGNED BY THE STUDENT Please include any supporting documents for your request.		

Your Name: _____



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B - COMPLETED BY FANS OFFICE

Any required supporting documents received?		Yes	No
Request:	Approved	Denied	
Reason for Decision			
FANS Manager		Date: (yy-mm-dd)	

Your Name: _____