

## EDUCATIONAL TRAVEL APPLICATION

(Please allow for a minimum of 7 working days to process this application)

Applicant Full Name: \_\_\_\_\_

UOIT Faculty/Department: \_\_\_\_\_

Your Status:    ☐ Student    ☐ Contract Staff    ☐ Volunteer

Travelling **on behalf of** Ontario Tech University:    ☐ Yes    ☐ No

If you are **NOT** travelling **on behalf of** Ontario Tech University the insurance provided through this application does not apply to you.

### Educational Travel Details

Location(s) of Educational Travel: (if more than one country/city please list dates for each destination)

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Country: \_\_\_\_\_ City: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

### Personal Contact Information at Destination

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information at Destination

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Your Contact Information

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Domestic Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Travel Advisories** (For more information please check <https://travel.gc.ca/travelling/advisories>)

Have you checked *Travel Advisories for Travel Warnings*?    ☐ Yes    ☐ No

Level of Warning: \_\_\_\_\_

Are you travelling as part of a group?    ☐ Yes    ☐ No

### **Purpose of Educational Travel:**

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**Applicant Signature:** \_\_\_\_\_

**I hereby certify that I have signing authority and I am authorized to approve this travel.**

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

**Dean/ VP**

**Print Name:** \_\_\_\_\_

<b>For use by the Office of Risk Management Only</b> <b>Comments:</b> _____	<b>Date:</b> _____ <b>Signature:</b> _____
<b>Insurance Provider:</b> <input type="checkbox"/> Insurance Purchased by Traveler <input type="checkbox"/> Other, specify: _____	

Following Dean/VP approval, submit form to:

Risk Management, Jacquelyn Dupuis,  
Copy 1: Dean, Faculty/Department