

This form must be submitted at least 28 days before departure. **This form is not to be used by Undergraduates accessing La Trobe Abroad or Postgraduates applying for outside research or external candidature.**

Personal details

Undergraduate Postgraduate La Trobe student number

STUDENT TRAVEL FORM

STF

Family name Given name(s) College School Program of study or course

Australian address (contact address in Australia)

Street number and name

City/town Postcode Phone

Mobile Email

Purpose of travel (add page if needed)

Note: If the countries or cities to be visited have a DFAT travel advisory of level 3 or 4, justification of why this trip is essential must be attached AND a [Travel Risk Assessment](http://webstat.latrobe.edu.au/url/www.latrobe.edu.au/__data/assets/word_doc/0019/142453/Travel-risk-asssessment.doc) must be completed. Travel Advisory level explained: <http://smartraveller.gov.au/resources/travel-advice-explained.html>

It is a condition of approval that students are protected by travel insurance when travelling overseas. Travel details

Date of Departure (dd/mm/yyyy) Date of Return (dd/mm/yyyy)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country | City | Date from | Date to | Purpose (e.g. conference, study, research, personal) |
|  |  |  |  |  |
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Students are covered under the University’s travel insurance when travelling for study, field trips and/or research purposes, including limited personal/private travel undertaken in conjunction with the trip, details concerning all country and city destinations and dates should be shown above.

Estimated cost of:

Airfare $ Other Transport costs $ Accommodation $ Conference fees $ Incidentals $

Total $

University’s contribution to trip $

Is the University bearing 100% of the cost of the airfares, accommodation, fees, etc? Yes No

Lecturer’s name

Lecturer’s signature

Student signature Date (dd/mm/yyyy)

Approval Name Signature Date (dd/mm/yyyy)

Subject Coordinator (UG) / Supervisor (PG)

Head of School (UG) / Graduate Research Coordinator (PG)

Send completed forms to The Insurance Office; [insurance@latrobe.edu.au](mailto:insurance@latrobe.edu.au)

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