



LA TROBE
UNIVERSITY

COVID-19 Student Travel Approval – Supplementary Document

It is a University requirement that this form is completed for student travel approval.

Traveller Name:	Click or tap here to enter text.
Dates of Proposed Travel:	Click or tap here to enter text.
Personal Travel:	No days: 0 Country/City: List Country/City

Briefly outline the reason/s for your proposed travel. What are the benefits, risks, and costs?

Click or tap here to enter text.

What is your contingency plan if your return home is delayed? Please include details your contingency plan if you are delayed for more than 2 weeks (study, work commitments)

Click or tap here to enter text.

I acknowledge by signing this form (pre-departure), that I am compliant with the University's COVID-19 vaccination requirement as set out under the University's Health and Safety Procedure – COVID-19 Vaccination and Other Measures.

I confirm that I have the funds to cover the cost of the contingency plan and other unforeseen COVID-19 related costs.

Traveller Name:	Click or tap here to enter text.	Date:	Click or tap here to enter text.
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