

**SCHOOL OF MATHEMATICAL SCIENCES**

**POSTGRADUATE SUPERVISOR TRAVEL APPROVAL FORM**

This form is to be filled in by the postgraduate, and signed by the student and the principal supervisor, before any travel bookings or claims are processed by the School Administrators.

**NAME OF STUDENT:** \_\_\_\_\_

**NAME OF PRINCIPAL SUPERVISOR:** \_\_\_\_\_

**REASON FOR TRAVEL/ACTIVITY:** \_\_\_\_\_

(If travel is for a conference, summer school etc., please fill in its full name.)

**DATES OF TRAVEL:** Leave: \_\_\_\_\_ Return: \_\_\_\_\_

**DATES OF CONFERENCE/ACTIVITY:** Start: \_\_\_\_\_ End: \_\_\_\_\_

**DAYS OF BUSINESS TRAVEL** \_\_\_\_\_ **DAYS OF PRIVATE TRAVEL** \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_

**I HAVE COMPLETED MY MAJOR REVIEW OF PROGRESS (YES/NO)** \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Supervisor's approval for this travel must be obtained before this form will be processed.

I approve the student attending the activity above, for the reasons stated.

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PLEASE HAND THE FULLY COMPLETED FORM to the School's Finance Administrators.