

MID-TERM VISIT FORM

This form, signed by your supervisor	r, must be submitted	at least 8 weeks bef	fore travel.
Name:			
Scholar ID:			<u></u>
Section 1: Travel Details			
Depart from UK on:	Return	to UK on:	
Please note that it is your responsible have problems being readmitted to the		•	in order. You will
Expiry date of visa:			
Section 2: Visits Home Allov	vance		
Your stipend will be suspended during paid to a predetermined maximum and documentation showing the rent payor.	mount for a maximun		
I wish to receive Visits Home Allo	owance	□ Yes	□ No
Section 3: Supervisor's approved Supervisors are always asked to cert Applications should be made for travementh of an award.	tify that they give adv		
I confirm that the visit described a this Scholar's studies.	above has been ap	proved in advance	as compatible with
Supervisor's Name:			
Supervisor's signature:		Date:	
Section 4: Confirmation I will keep the Commonwealth Somy travel plans, and I will inform	-		•
Signature:	Date: _		
The CSC is committed to protecting information we are collecting about y privacy notice: http://cscuk.dfid.gov.u	you and what we do v	_	

Returning the form

Please return this form to your Programme Officer.