

MID-TERM VISIT FORM

This form, signed by your supervi	isor, must be submitte	ed at least 8 weeks be	efore travel.	
Name:				
Scholar ID:				
Section 1: Travel Details				
Depart from UK on:	Retu	rn to UK on:		_
Please note that it is your respon- have problems being readmitted to	•	• •	in order. You will	
Expiry date of visa:				
Section 2: Visits Home All	lowance			
Your stipend will be suspended d paid to a predetermined maximum supply documentation showing the	m amount for a maxim	num of 28 days. To cla		
I wish to receive Visits Home	Allowance:	□Yes	□No	
Section 3: Supervisor's approximately Supervisors are always asked to Applications should be made for a month of an award.	certify that they give a			th
I confirm that the visit describe this Scholar's studies.	ed above has been	approved in advanc	e as compatible	with
Supervisor's Name:				
Supervisor's signature:		Date:		
Section 4: Confirmation I will keep the Commonwealth my travel plans, and I will infor	•		•	•
Signature:	Date	:		
The CSC is committed to protection information we are collecting about privacy notice: http://cscuk.dfid.gr	out you and what we c	_		

Returning the form

Please return this form to your Programme Officer.