



Refund of Compulsory Field Trip Expenses Form

- Sections 1, 2 and 5 are to be completed by the student.
- Section 3 is to be completed by the Students Grants Officer in the college/institution.
- Section 4 is to be completed by the Head of Department in the college/institution.
- Use Block CAPITALS only.
- Return completed form to: fieldtrips@susi.ie

****This Form should be completed and submitted prior to your field trip****

It is important that information submitted by the applicant and parties to the application is full, complete and accurate in every respect, as per Article 36 of the Student Grant Scheme.

- If the information or documents you provide contain a deliberate material omission or inaccuracy you may be liable to prosecution for a criminal offence which may lead to penalties including a fine, imprisonment or both in accordance with section 23 of the of the Student Support Act 2011; and/or
- loss of grant and repayment, with interest, of any grant received in accordance with section 24 of the Student Support Act 2011.

Section 1: Personal Details

SUSI Applicant Name	
SUSI Application Number	
Academic Year	
Email	

Section 2 Course and College Details

College	Title of Course	Year of Study (for example 2 of 4)
		Year of

Section 3

(To be completed by the Student Grants Officer in the College/Institution)

Undergraduate Course Tuition Fees	€
Undergraduate Course Student Contribution	€
Post Graduate Course Fees	€
Mode of Transport	

Estimated Cost of Transport Note: <ul style="list-style-type: none"> • <u>Airline Boarding Cards (outbound/Inbound) must be submitted.</u> • <u>Only expenses incurred on public transport are allowable.</u> Car fuel is not an allowable expense. 	€
Address of Accommodation: Estimated cost of Accommodation:	€
Signed _____ (Student Grants Officer) Official Stamp	Date _____

Section 4

(To be completed by Head of Department in the College/Institution)

Location of Field Trip	
Dates of Field Trip	
Nature of Field Trip	
Is this a compulsory field trip Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, Please Clarify	
Signed _____ (Head of Department) Official Stamp	Date _____

Section 5 Declaration

I hereby declare that in accordance with my statutory obligations pursuant to Article 36 of the Student Grant Scheme all of the information that I provide with this application together with all other information I may provide is full, complete and accurate in every respect.
Applicant's Signature Date