# OSAP CHANGE FORM

## Fall/Winter

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Study Period</th>
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<table>
<thead>
<tr>
<th>Student Number</th>
<th>Faculty/Year</th>
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## REASON FOR REASSESSMENT:

1. Change in COURSE LOAD:
   - Effective date of change: __________________________
   - New course load: __________________________

2. Change in FACULTY:
   - Previous Faculty: __________________________
   - New Faculty: __________________________
   - Effective date of change: __________________________

3. Change in CIRCUMSTANCE:
   - Details of change: ____________________________________________
   - ____________________________________________
   - ____________________________________________

4. Other (Please specify):
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________
   - ____________________________________________

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Student Signature __________________________

Date __________________________

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Please return this form to:
Western University - Student Financial Aid - Western Student Services Building - Room 1100
London, ON - N6A 3K7 - Tel. (519) 661-2100 - Fax (519) 850-2394

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<tr>
<th>Sent Online</th>
<th>Initials</th>
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