STUDIES AT ANOTHER INSTITUTION FORM

Last Name:		First Name	2:
Student ID:		Faculty/Yr:	
		(ie: SC4, AR2)	
	e credited towards your Weste		ional costs at another institution (within Canada)
			with your Host Institution, you will need to apply able if you are enrolled in courses at both
PLEASE NOTE: Tuition amounts owing to your other institution cannot be assigned from your OSAP funding processed through Western University. You will be responsible for making all payment arrangements with the other institution.			
Course Name(s)			Course Number(s)
TO BE COMPLETED BY I	HOST INSTITUTION:		
		7	
% Course Load: Tuition Fees:			
Ancillary Fees:			
Book Costs:			
No. of Weeks of Study:			
Study Start Date:			
Study End Date:			
Official Name:			
Title:			
Phone No.:			
Official's Signature:			
Date:			
Institution Name & Addres	SS:		
(Stamp)			

**Please upload this document directly through your online OSAP account to ensure faster processing times.

Western Student Services Building, Student Financial Aid – contact@uwo.ca

The personal information on this form is collected under the authority of The University of Western Ontario Act, 1982, as amended. To view the complete Personal Information Collection Notice, visit the online Academic Calendar at: http://westerncalendar.uwo.ca/2015/pg5.html