STUDIES AT ANOTHER INSTITUTION FORM

Last Name:	First Name	9 :
Student ID:	Faculty/Yr	
	(ie: SC4,	AR2)
The Ontario Student Assistance Program (OSAP) mof study, if the course(s) will be credited towards you costs, please have this form completed.		
Please note, if you are not enrolled in courses at W for government aid through the other institution. Th Schools.		
PLEASE NOTE: Tuition amounts owing to your other through Western University. You will be responsible		
Course Name(s)		Course Number(s)
TO BE COMPLETED BY HOST INSTITUTION	l :	
% 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 & Address: (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