OSAP CHANGE FORM

_______________________________  __________________________________
Student Name                      Study Period

Student Number                   Faculty/Year

REASON FOR REASSESSMENT:

1. Change in COURSE LOAD or FACULTY?

   Effective date of change: __________________________

   New course load/New Faculty: __________________________

2. Other (Please specify):

   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

CHANGE IN INCOME:

UNDERGRADUATE STUDENTS: Do NOT include UWO scholarship, award or bursary funding.

GRADUATE STUDENTS: MUST report all income including scholarships, bursaries and awards, with the exception of the Ontario Graduate Scholarship (OGS). OGS is reported by Western on your behalf.

Details of income change:

   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

REQUEST TO CLOSE OSAP APPLICATION:

[ ] Please close my OSAP Application. You must attach a copy of your valid government issued photo ID.

_______________________________  _________________________
Student Signature                  Date

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

FOR OFFICE USE ONLY

Sent Online  Initials

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