

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

*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://www.westerncalendar.uwo.ca/2016/pg5.html>*