

SUMMER OSAP CHANGE FORM

Student Name

Study Period

Student Number

Faculty/Year

REASON FOR Change:

1. Change in Gross SUMMER earnings (please complete ALL months of income including any updated information):

	Amount	Source of Income		Amount	Source of Income
May	\$ _____	_____	Jun	\$ _____	_____
Jul	\$ _____	_____	Aug	\$ _____	_____

2. Change in SUMMER COURSES (You must indicate ALL COURSES previously enrolled in and ALL COURSES currently enrolled in; this will allow us to properly assess your current course load). Please ensure you are registered and/or have dropped these courses before handing in this form.

Previous Summer Course Load	Session		New Summer Course Load	Session

4. Change in CIRCUMSTANCES:

Details of Change: _____

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

Student Signature

Date

For office use only

Sent Online	Initials
Details of Change _____ _____ _____ _____	

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>