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):

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount</th>
<th>Source of Income</th>
<th>Amount</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>$</td>
<td></td>
<td>Jun</td>
<td>$</td>
</tr>
<tr>
<td>Jul</td>
<td>$</td>
<td></td>
<td>Aug</td>
<td>$</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Previous Summer Course Load</th>
<th>Session</th>
<th>New Summer Course Load</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________