

OSAP CHANGE FORM Fall/Winter

Student Name

Study Period

Student Number

Faculty/Year

REASON FOR REASSESSMENT:

1. Change in COURSE LOAD:

Effective date of change: _____

New course load: _____

2. Change in FACULTY:

Previous Faculty: _____

New Faculty: _____ Effective date of change: _____

3. Change in CIRCUMSTANCE:

Details of change: _____

4. Other (Please specify):

5. 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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May 2016