STUDIES AT ANOTHER INSTITUTION FORM

Last Name:	Fir	rst Name	e:
Oter-dent ID:		I4/\V#	
Student ID:		Faculty/Yr: (ie: SC4, AR2)	
	Program (OSAP) may recogniz	e educat	tional costs at another institution (within Canada y degree. In order to consider these educationa
costs, please have this form com		Jilivoioi.	y degree. In order to consider these educations
			with your Host Institution, you will need to apply able if you are enrolled in courses at both
			be assigned from your OSAP funding processed ent arrangements with the other institution.
Course Name(s)			Course Number(s)
TO BE COMPLETED BY HOS	ST INSTITUTION:		
Tuition Fees:			
Ancillary Fees:			
Book Costs: No. of Weeks of Study:			
Study Start Date:			
Study End Date:			
Official Name:			
Title:			
Phone No.:			
Official's Signature:			
Date:			
Institution Name & Address: (Stamp)			

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

^{**}Please upload this document directly through your online OSAP account to ensure faster processing times.

Western Student Services Building, Student Financial Aid – contact@uwo.ca