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

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