

Purpose

You may request an exceptional circumstances review if the following applies to you:

1. You experienced exceptional circumstances beyond your control, and
2. The exceptional circumstances caused you to fully or partially withdraw from postsecondary studies,
3. Because of the withdrawal, at least one of the following occurred:
 - You are restricted from receiving further OSAP assistance
 - You have an OSAP overpayment
 - Grants you received have been, or will be, converted to loan.

If the review is approved, you may be eligible for future OSAP funding. Any previous grants that were converted to a loan may be stopped or reversed.

Note: The exceptional circumstances review does not waive the requirement for parental and spousal prior year income (as applicable) to be verified.

Definition: Exceptional circumstances

The ministry considers an exceptional circumstance to have occurred if:

- There has been an unexpected event that is beyond your control.
- The outcome of the event prevents you from performing the daily activities necessary to attend postsecondary studies.
- Typically, these events would be considered rare and/or catastrophic, and often require an extended period of recovery or stabilization. The severe worsening of a pre-existing situation or condition would also be considered for an exceptional circumstances review. Routine life events are not generally considered eligible for an exceptional circumstances review.

The following are examples of exceptional circumstances:

- An event that seriously aggravates or causes a relapse to an existing disability or medical condition. For example, where an extended period is required to stabilize a medical condition.
- Mental health crisis that requires an extended period of medical intervention or emergency hospitalization, or an extended period of recovery/stabilization and treatment.
- The impact of a new or worsened disability or medical condition which required the student to take immediate and extensive actions to manage their health.
- A serious injury or surgery that results in hospitalization and/or an extended period of rest or recovery.
- Complications relating to pregnancy requiring medical intervention and extended rest or recovery, or inability to participate in program components.
- Unexpected parental leave related to the premature birth of a child or care of a dependent child with a disability or medical condition (that is a new disability or condition or existing disability or condition that has worsened).
- Unexpected loss of housing due to fire, flood, etc., which results in an extended disruption.
- Unexpected leave related to family circumstances, such as requirement to care full-time for a parent, spouse or sibling with a disability or medical condition that is new or worsened.

Section A: Student's information

Social Insurance Number:

Ontario Education Number (OEN), if assigned to you:

Last name:

First name:

Student's mailing address

Street number and name, rural route, or post office box:

Apartment:

Street number and name, rural route, or post office box:

Province or state:

City, town, or post office:

Postal code or zip code:

Country:

Area code and telephone number:

Section B: Review request

1. What were the exceptional circumstance(s) that caused you to withdraw fully or partially from postsecondary studies? (check all that apply):

- An event that seriously aggravates or causes a relapse to an existing disability or medical condition.
- A diagnosis of a new disability or medical condition.
- A serious injury or surgery.
- An unexpected parental leave.
- An unexpected loss of housing (such as from a fire, flood).
- An unexpected leave due to a family crisis.
- Other – specify: _____

2. When did you withdraw from full-time postsecondary studies?

3. When did you withdraw from full-time postsecondary studies?

If there are multiple time periods involved, provide the additional time periods on a separate sheet and include it with this form.

From:

Day Month Year

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To:

Day Month Year

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4. Did you have to provide full-time care to a dependent family member as a direct result of the exceptional circumstance(s)?

- Yes – Provide details about this person in question 6 and 7. They must sign Section D.
- No – Go to Section C.

5. Details about dependent family member:

First name:

Last name:

Date of birth:

Day Month Year

6. How are you related to the dependent family member?

My child

My spouse

My parent

Other family member. Specify: _____

Section C: Required documents

You must provide documentation to support the exceptional circumstance(s) you indicated on this form. There are documents you must provide (mandatory) and additional documents that may be required based on your specific situation. If you have questions about documentation requirements, contact your financial aid office for help. Your request will not be considered if it is incomplete.

The following documentation is mandatory:

- A signed and dated letter from you or someone else who is knowledgeable about your exceptional circumstances.**

The letter must include:

- A description of the circumstances and why they were exceptional and beyond your control.
- An explanation of how the circumstances prevented you from attending or continuing postsecondary studies.
- A timeline of events, including specific dates or months and withdrawal date(s) where possible.

If you are not able to provide the letter, a letter could be provided by someone who is knowledgeable about the circumstances (e.g., your parent, grandparent, other representative, etc.). In addition to the components above, the letter must include:

- The person's full name and relationship to you.
- Their telephone number and address.
- Brief explanation of why you are not submitting the letter.
- If possible, you should provide written acknowledgement that someone is submitting this letter on your behalf and disclosing event details.

Note: If the letter of support (below) cannot be provided from a third-party professional, a letter/attestation from a personal contact can be provided. In that situation, you must also provide an explanation of why a third-party professional was not involved in your letter.

- A signed and dated letter of support from other appropriate third-party professional(s)**
The professional must have been directly involved with or aware of the circumstance (e.g., physician/other regulated health care professional, police, social worker, counsellor, lawyer, as applicable). For personal situations where a third-party professional is not involved, a letter/attestation from a personal contact may be permitted.

- Proof of legal authorization (if applicable)**
If someone has legal authority to act on behalf of your dependent family member listed in question 6 in Section B, you must provide proof of that person's legal authorization to do so, such as their Power of Attorney for Personal Care.

Institutional Accommodations (if applicable)

Documentation from the institution confirming whether an institutional accommodation (retroactive withdrawal) was made for you, and any academic accommodations and/or financial accommodations that were requested and/or granted.

The institution should provide the timeline for when these were requested by you and when they were approved or denied by the institution.

Section D: Consent and declaration of dependent family member

If the dependent family member identified in question 6 in Section B is 16 years of age or older, they must sign this declaration. If the dependent family member is unable to sign this declaration, it must be signed by someone who has the legal authority to act on behalf of that person.

I understand that information about my medical condition is relevant to the determination of the student's eligibility for an exceptional circumstances review. I agree to provide any additional supporting documentation that the ministry may require.

I have read and understand this application form and have read and understand the Notice of Collection and Use of Personal Information on the student's most recent OSAP Application for Full-Time Students, and I consent to the indirect collection, use, and disclosure of my personal information.

Signature:

Date:

Day Month Year

Signature of authorized representative with legal authority:

Date:

Day Month Year

Section E: Student declaration

- I have given complete and true information on this form.
- I understand that I am responsible for providing all required supporting documentation as indicated on this form or as directed by my financial aid office or the ministry.
- I understand that if my application is reassessed based on the information I have provided for this review it may affect my eligibility and the type and amount of financial assistance I may receive.
- If I received financial assistance in excess of my entitlement, I will be responsible for the repayment of the amount of excess financial assistance received and I acknowledge that any future amount of financial assistance I am entitled to receive may be reduced by the amount owed.
- I understand that any grants that I receive may be converted into loans if I do not meet the terms and conditions of the Ontario Student Grant in the Ontario Student Grants and Ontario Student Loans Regulation under the *Ministry of Training, Colleges and Universities Act* and the terms and conditions of the Canada Student Grant in the *Canada Student Financial Assistance Regulations* under the *Canada Student Financial Assistance Act*.
- I understand that I am bound by the Declarations I signed on my 2022-23 OSAP Application for Full-Time Students.

Note: if you are completing this form electronically, use the “Fill & Sign” feature or “Digital ID” in Adobe Reader or your PDF program to add your signature.

Signature of student:

Date:

Day Month Year

Your personal information will be used to administer and finance the Ontario Student Assistance Program (OSAP) as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario P7B 6G9; 807- 343-7260.