

First name:**Last name:****Student number at your school:****Student information (continued)****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:****Postal code or zip code:****City, town, or post office:****Province or state:****Country:****Area code and telephone number:****Collection and use of personal information**

Your 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.

First name:

Last name:

Student number at your school:

Student's 2024-25 program information (continued)

6. Does the student's program lead to a degree, diploma, or certificate issued by your school?

 Yes No - student is not eligible for OSAP.

7. How is a full-time (100%) course load determined at your school for the 2024-25 academic year?

100% = number of credits

or

100% = number of courses

If a full-time (100%) course load is determined by another method, please indicate method used:

8. What percentage of a full course load will the student be taking?

 %

Do not average the student's course load across multiple terms. If the student's course load changes from term to term, the student should apply for OSAP for each term individually.

9. What year of the program will the student be entering (e.g. year 1, year 2)?

10. What is the total number of years in the student's program (e.g. 3 years, 4 years)?

First name:**Last name:****Student number at your school:****Student's 2024-25 program information (continued)****11. What is the start date of the student's 2024-25 study period?**

Day Month Year

12. What is the end date of the student's 2024-25 study period?

Note: The end date cannot be more than 52 weeks from study period start date.

Day Month Year

13. What is the total number of weeks in the student's 2024-25 study period?

Include in-class time only. The number entered cannot exceed 52 weeks. Do not include non-education related time, such as intersession or holiday breaks.

14. What is the student's level of study?

- Diploma
- Certificate
- Bachelor's degree
- Master's degree
- Doctoral degree

15. Is the student's program of study at the undergraduate or graduate level?

- Undergraduate
- Graduate

First name:

Last name:

Student number at your school:

Student's 2024-25 program information (continued)**16. What is the faculty or division of the student's program?**

- | | |
|---|--|
| <input type="checkbox"/> Administration/Business | <input type="checkbox"/> Health sciences |
| <input type="checkbox"/> Agriculture/related sciences | <input type="checkbox"/> Law |
| <input type="checkbox"/> Arts/Sciences | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Community service/Education | <input type="checkbox"/> Theology |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Trades |
| <input type="checkbox"/> Engineering/Technology | |

17. What are the tuition and compulsory fees for the student's 2024-25 study period?

Do not include residence fees, book or equipment costs or computer purchase or rental costs.

Enter amounts in Canadian dollars only; do not indicate cents.

\$ **18. What are the book and equipment costs for the student's 2024-25 study period?**

Do not include computer purchase or rental costs.

Enter amounts in Canadian dollars only; do not indicate cents.

\$

First name:**Last name:****Student number at your school:****School information and declaration of school official****School name:****Street number and name, rural route, or post office box:****Postal code or zip code:****City, town, or post office:****Province or state:****Country:****Area code and telephone number:****Institution stamp or seal:**

Note: if an institution stamp or seal cannot be provided on the form, please attach a letter on official school letterhead confirming why one was not provided.

Official's name:**Official's title:****Area code and telephone number:****Email address:**

I declare that the information provided on this form is complete and true and I am authorized to provide this information on behalf of the institution.

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 school official:**Date:**

Day Month Year