Ontario

Ministry of Colleges, Universities, Research Excellence and Security
Student Financial Assistance Branch

2026-27 Request for Review: Student Fixed Contribution

Purpose

Use this form to request a review of your expected student financial contribution used in the assessment of your **2026-27 OSAP Application for Full-Time Students**.

Note:
Your request will not be considered until the ministry verifies all 2025 income reported on your OSAP Application for Full-Time Students with the Canada Revenue Agency or through the ministry's Income Verification: Canadian Non-Taxable and/or Foreign Income forms (student, parent, and/or spouse versions).

You are ineligible for this review if you have earned or received income during your pre-study period or study period. This includes income received through earnings/work or through income replacement programs.

Required documentation

You must provide documentation to support your request for review. The type of documentation required is outlined in each section. You may be required to provide additional documentation based on the information you submit.

Write your name and student number on all documentation submitted. Any letters written by you must be signed and dated.

How to submit this form

You can upload your completed form and required documentation online. Log into the OSAP website and go to your application to use the "Print or upload documents" button. Alternatively, you can submit a paper copy as follows:

If you're going to a school in Ontario:

Send this completed form and your required documentation to your school's financial aid office.

If you're going to a school outside of Ontario:

Send this completed form and your required documentation to: Student Financial Assistance Branch, Ministry of Colleges, Universities, Research Excellence and Security, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9.

Deadline

This form and all required documentation must be received by your financial aid office or the ministry no later than 40 days before the end of your 2026-27 study period.

Questions?

If you're going to a school in Ontario:
Contact the financial aid office at your school.

If you're going to a school outside of Ontario:
Contact the ministry at: Student Financial Assistance Branch, Ministry of Colleges, Universities, Research Excellence and Security, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9.

General inquiry telephone service is available Monday to Friday, 8:30 AM - 4:30 PM (Eastern Time)
Telephone: 807-343-7260.
Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411
TTY: 1-800-465-3958

Section A: Student's information

Social Insurance Number:

Ontario Education Number (OEN), if assigned:

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:

Information about student's school and program

What is the name of the school you are currently attending for your 2026-27 study period?

Student number at your school:

What are the start and end dates of your 2026-27 study period?

From: Month Year

To: Month Year

Section B: Pre-study period

Enter amounts in dollars only. Do not enter cents or use periods or commas. If the amount is not applicable or is negative, enter zero (0).

Pre-study period:

Your "pre-study period" is one of the following (whichever has fewer weeks):

- The 16 weeks immediately before the start of your current study period; or
- The number of weeks from the end of your last period of full-time high school or postsecondary studies and the start of your current study period.

1. Was your pre-study period less than 5 weeks?

☐ Yes – go to Section C
☐ No – go to question 2

2. What was the total number of weeks in your pre-study period?

___ ___

3. What was your total gross income during your pre-study period? Gross income includes income received through earnings/work or through income replacement programs.

$ ___ ___ ___ ___ ___

4. Did you enter zero (0) in question 3?

☐ Yes – go to question 5
☐ No – go to Section C

5. Select the statement that best describes why you did not receive any income during your pre-study period:

☐ I had a temporary illness or injury that prevented me from working.

Required documentation:

- A letter or other documentation from your physician or other regulated health care professional indicating you had an illness or injury that prevented you from working, and the period of time you were unable to work.

☐ I have a disability that prevented me from working.

Required documentation:

- A letter or other documentation from your physician or other regulated health care professional indicating you were unable to work due to your disability.

☐ I stayed at home to provide daily care for a family member due to their illness, a disability or a medical condition.

Required documentation:

- A letter or other documentation from your family member's physician or other regulated health care professional indicating your family member needed daily care due to illness, a disability or a medical condition, and the nature of the daily care required.

☐ I was enrolled in full-time studies or training (at least 20 hours per week). This can include high school studies, postsecondary preparatory programs, academic upgrading, English/ French as a Second Language studies or postsecondary programs.

Required documentation:

- A signed letter from an authorized individual at the school you were enrolled at during your pre-study period that includes the following:
  - The name and address of the school.
  - Your study period start date and end date.
  - The number of hours per week you attended studies or training.
  - The name, position and contact information of the individual who provided the letter.

☐ I was in a full-time (at least 20 hours per week) unpaid placement or internship that was not eligible for OSAP consideration.

Required documentation:

- A signed letter from an authorized individual at the organization that includes the following:
  - The name and address of the organization.
  - Your start date and end date with the organization.
  - The number of hours per week you participated in your unpaid placement/internship.
  - Confirmation you did not earn income from the organization.
  - The name, position and contact information of the individual who provided the letter.

☐ I worked full-time (at least 30 hours per week) in a volunteer or unpaid position at a not-for-profit organization.

Required documentation:

- A signed letter from an authorized individual at the organization that includes the following:
  - The name and address of the organization.
  - The registered charity number or not-for-profit corporation number (if organization is not a registered charity).
  - Your start date and end date with the organization.
  - The number of hours per week you volunteered.
  - Confirmation you did not earn income from the organization.
  - The name, position, and contact information of the individual who provided the letter.

☐ I was incarcerated.

Required documentation:

- A letter or other documentation from a corrections official confirming your dates of incarceration (i.e., 3 months or longer during the taxation year).

☐ I was sponsored by Sport Canada and in pre-Olympic year training.

Required documentation:

- A letter or other documentation from Sport Canada outlining the time period when you participated full-time in training for the Olympic Games.

☐ I could not find or work a job.

Required documentation:

- A letter indicating the reason(s) you were unable to find or work a job during your pre-study period.

☐ None of the above statements applied to me.

Section C: Study period income

Enter amounts in dollars only. Do not enter cents or use periods or commas. If the amount is not applicable or is negative, enter zero (0).

6. How much non-employment income (e.g., spousal support, child support) do you expect to receive during your current study period?

$

7. How much total gross income do you expect to receive during your current study period? Gross income includes income received through earnings/work or through income replacement programs.

$

8. Did you enter zero (0) in question 7?

☐ Yes – go to question 9

☐ No – go to Section D

9. Select the statement that best explains why you do not expect to earn any employment income during your current study period.

☐ I have a disability or medical condition that prevents me from working.

Required documentation:

- A letter or other documentation from your physician or other regulated health care professional or from your school's office for students with disabilities/accessibility services office recommending you not work during your study period and/or you take a reduced course load for disability or medical-related reasons.

☐ I cannot consider employment during my study period for academic reasons.

Required documentation:

- If you are taking 100% of a full course load: A letter explaining why you cannot work during your study period for academic reasons.
- If you are taking less than 100% of a full course load: A letter or other documentation from your program advisor recommending you take a reduced course load during your study period for academic reasons.

☐ I have been unable to find or work a job.

Required documentation:

- A letter indicating the reason(s) you were unable to find or work a job during your study period.

☐ None of the above statements apply to me.

Section D: Savings, other taxable income and other financial assets

10. Indicate types and amounts of your (and your spouse's, if applicable) savings, other taxable income and other financial assets as of the start of your study period.

Enter amounts in dollars only. Do not enter cents or use periods or commas. If the amount is not applicable or is negative, enter zero (0).

- ☐ Amount in bank accounts $
- ☐ Other taxable income (e.g., 2025 Schedule T1 from your income tax returns) $
- ☐ Tax-Free Savings Accounts (TFSAs) $

Required documentation:

- Documentation of your (and/or your spouse's, if applicable) bank account balances, as of the first day of your study period (e.g., bank statements or screen captures of bank account information).
- A copy of your (and/or your spouse's, if applicable) 2025 Schedule T1 from your Income Tax return(s) (e.g., a copy of what was submitted to the Canada Revenue Agency) showing Lines 12000, 12100, and 20800.
- If you have (and/or your spouse has) a TFSA: Documentation of your (and/or your spouse's, if applicable) TFSA balances, as of the first day of your study period (e.g., investment statements or screen captures of TFSA information).

Section E: Student declaration

- I have given complete and true information on this form.
- I understand that I am responsible for providing all required documentation as indicated on this form or as directed by my financial aid office or the ministry.
- I understand that if my request for review is approved, my application will be reassessed based on the information I have provided for this review and 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 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 Canada Student Grants 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 2026-27 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:

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, Universities, Research Excellence and Security 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, Universities, Research Excellence and Security, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.