



**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:**

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

**Apartment:**

**City, town, or post office:**

**Province or state:**

**Country:**

**Postal code or zip code:**

**Area code and telephone number:**

First name:

Last name:

Student number at your school:

**Student's 2021-22 program information****1. Is the program considered a residency or internship program?** Yes - program is not eligible for OSAP. Stop here and return form to student. No - go to next question.**2. For schools in Canada, is the student's program approved for Canada Student Loan by the province or territory the school is located in?** Yes - go to next question. No - program is not eligible for OSAP. Stop here and return form to student.**3. What is the name of the student's program?****4. What is the start date of the student's 2021-22 study period?**

Day Month Year

**5. What is the end date of the student's 2021-22 study period?**

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

Day Month Year

**6. What is the total number of weeks in the student's 2021-22 study period?**

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

**7. What percentage of a full course load will the student be taking?** %**8. Does the student's program lead to a degree, diploma, or certificate issued by your school?** Yes No - student is not eligible for OSAP.

First name:

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**Student's 2021-22 program information (continued)****9. How many courses is the student taking in-class?****10. How many courses is the student taking online, through correspondence or distance education?****11. What is the student's level of study?**

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

**12. 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       |  |

**Student's Study Period Costs**

Provide the costs for the student's study period entered on this form. Enter all amounts in Canadian dollars only; don't indicate cents.

**13. What are the tuition fees for the student's 2021-22 study period?**

Don't include residence fees, book or equipment costs or computer purchase or rental costs.

\$

First name:

Last name:

Student number at your school:

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**Student's 2021-22 program information (continued)****14. What are the compulsory fees for the student's 2021-22 study period?**

Don't include residence fees, book or equipment costs or computer purchase or rental costs.

\$ **15. What are the book and equipment costs for the student's 2021-22 study period?**

Don't include computer purchase or rental costs.

\$ **School information**

School name:

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:

**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.

**First name:**

**Last name:**

**Student number at your school:**

**School declaration**

**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