Ontario ⟁

Ministry of Colleges and Universities
Student Financial Assistance Branch

Purpose

One of the eligibility criteria of the Ontario Student Assistance Program (OSAP) is that the student's school must be approved for OSAP purposes.

Use this form if the out of province school you are attending or planning to attend is not currently approved for OSAP purposes. By submitting this form, the ministry will determine if the school and program that you will be taking, can be considered eligible for OSAP purposes.

Note:

- This is not an application for OSAP funding consideration. Go to the OSAP website (ontario.ca/osap) for information on how to apply for OSAP, including application deadline details.
- Before completing this form, check to see if your school is eligible for OSAP purposes. Use the Approved School's link on the OSAP website (ontario.ca/osap).
- If you are going to a school in Ontario, do not use this form. Contact your school directly if you have questions about whether or not it is approved for OSAP purposes.

How to complete this form

Fill out Section A and sign and date the consent in Section B. Then, forward all sections of this form to your school. Your school is responsible for completing Sections C to H, as well providing required documentation (if applicable). Your school is instructed to return the package back to you.

You are responsible for ensuring this completed form and all required documentation is received by the ministry before the deadline indicated below. Incomplete submissions will not be considered. It can take 6 to 8 weeks for a decision to be made once this form has been received by the ministry.

Deadline

Your completed form and all required documentation must be received by the ministry no later than 120 days before the end of your study period.

Note:

Your application for OSAP aid must still be received by the applicable application deadline, regardless as to when a decision is made on your institution and program approval request. This means you may have to submit a paper OSAP application for full-time or part-time students or for continuation of interest-free status. Paper applications are available in the Forms section of the OSAP website(ontario.ca/osap).

Where to send this form?

Send your completed form and all required documentation (if applicable) to the ministry at the following address:

>Student Financial Assistance Branch
>Attn.: Institution Approvals
>PO Box 4500, 189 Red River Road, 4th Floor
>Thunder Bay, Ontario P7B 6G9

Questions?

If you have any questions about this form, contact the Student Financial Assistance Branch. General inquiry telephone service is available Monday to Friday, 8:30 AM – 4:30 PM (Eastern Time).

Telephone: 1-807-343-7260.
Toll-free in North America: 1-877-OSAP-411 (1-877-672-7411)
TDD: 1-800-465-3958

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:

|_|_|_|_|_|_|_|_|_|_|

Email address:

|_____|

Student's Study Period Details

What is the name of the postsecondary school that you would like considered for OSAP purposes?

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

In which city or town is the above school located? If the school is located outside Canada, please also specify the country.

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Which campus of the above school will you be attending, if applicable?

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

What is the program of study at this school that you are enrolled in or are planning to enrol in?

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

What are the start and end dates that you expect to be enrolled in this program?

From:

Month   Year

To:

Month   Year

Section B: Student's Declarations

I am requesting that the ministry review the institution and program of study indicated in Section A so that it may be approved for OSAP purposes.

I further acknowledge that:

- I am responsible for ensuring my school completes Sections C to H of this form and ensuring that they provide any documentation as required.
- This form is not an application for any type of OSAP funding. Should I wish to apply for OSAP funding to attend this school, I must submit my completed OSAP application along with all required documentation within the applicable deadlines.
- I understand that all information provided on this form is subject to verification and audit by the ministry.

Student's Signature:

Date:

Day   Month   Year

Section C: Institution and Program Information

Instructions to Institution

The Ontario Student Assistance Program (OSAP) provides student financial aid to postsecondary students to assist with their educational costs. As your institution is currently not approved for OSAP purposes, students attending your school cannot be considered for OSAP funding at this time.

The student who has completed Section A of this form would like your school, as well as the program they are attending/planning to attend to be reviewed for OSAP purposes. Information is required from the institution for this review to proceed. The student does not have to be registered or attending your school for a school official to complete this form.

Return this form, as well as required documentation (if applicable) to the student so they can forward the request package to the ministry.

Institution Information

Institution name:

Institution address

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

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

Country: **Postal code or zip code:**

Area code and telephone number: **Area code and fax number:**

Website address:

Financial Aid Administrator Email Address:
The Financial Aid Administrator (FAA) is the person the institution has authorized to oversee the day-to-day operations related to the administration of student financial aid.

Section C: Institution and Program Information (Continued)

Financial Aid Office, Admissions, or Registrars address (if different from above)

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

City, town, or post office:

Province or state:

Country:

Postal code or zip code:

Area code and telephone number:

Area code and fax number:

Is financial aid administration for all campuses done at the address listed above?

☐ Yes

☐ No - Attach a list of all other financial aid office locations. Include the address and telephone number for each location along with the name(s) of the campuses served by each office.

Is the institution approved for the purpose of government student financial assistance in its home country?

☐ Yes - specify name of program:

☐ No

Institution Contact Details

The institution contact is an employee or owner of the institution who either works in the Registrar's office and/or has access to registrar's records so student registration status, study period start and end dates, program costs and program information can be confirmed.

First name:

Last name:

Position:

Area code and telephone number:

Email address:

Section D: Accreditation Details

What date were postsecondary programs first offered at the institution?

Month   Year

| | | | | | | |

Select the category that best describes the institution:

☐ Publicly-funded university

☐ Publicly-funded community college

☐ Private university

☐ Private college

☐ Not-for-profit or charitable institution - specify registration number:

☐ Private vocational - specify vocation:

☐ Other - specify:

Is the institution approved by an accredited body?

☐ Yes - specify:

☐ No

What is the name of the regulatory body for the institution (i.e., name of government agency, legislation, etc.)?

On which of the following websites is the institution listed? Check all that apply.

☐ Europa World of Learning website (www.worldoflearning.com)

☐ The Commonwealth Universities website (www.acu.ac.uk)

☐ The International Association of Universities website (www.iau-aiu.net)

☐ Free Application for Federal Student Aid (FAFSA) website (www.fafsa.ed.gov)

☐ None of the above

On which of the following publications is the institution listed? Check all that apply.

☐ International Handbook of Universities (publisher: Palgrave Press).

☐ Accredited Institutions of Postsecondary Education (publisher: Greenwood Publishing Group).

☐ None of the above

Section D: Accreditation Details (Continued)

What level/type of credentials are awarded by the institution? Check all that apply.

☐ Diploma

☐ Certificate

☐ Degree (i.e. Associate, Bachelor's, Master's, Doctoral)

☐ Other - specify: |_____|

What are the minimum admission requirements for students at the institution? Check all that apply.

☐ Secondary school (high school or grade 12) graduation diploma or equivalent

☐ Mature student status - (18 years of age and mature student test requirement)

☐ Other - specify: |_____|

Section E: Additional Details for American Institutions

Is the institution located in the United States of America (USA)?

☐ Yes – complete all questions in this section.

☐ No – go to Section F.

Is the Institution approved for Title IV from the US Department of Education?

☐ Yes - specify code assigned: |_____|

☐ No

Does Title IV code apply to all campuses of the institution?

☐ Yes

☐ No - specify the campus(es) and corresponding code(s):

|_____|

Section F: Additional Information Specific to Medical Schools

Is the institution a medical school?

☐ Yes – complete all questions in this section.

☐ No – go to Section G.

When did the medical school first open?

Day Month   Year

| | | | | | | | |

When was the first medical program offered?

Day Month   Year

| | | | | | | | |

When was the first graduating class?

Day Month   Year

| | | | | | | | |

Has the medical school been in continuous operation for the past 10 years?

☐ Yes

☐ No

On which of the following websites is the medical school listed? Check all that apply.

☐ World Directory of Medical Schools (www.wdoms.org)

☐ FAIMER: Foundation for Advancement of International Medical Education and Research (www.faimer.org)

☐ Other - specify: |

☐ None of the above

Does the institution approve leave of absences for medical programs and consider the student's full time?

☐ Yes - Attach a separate sheet that outlines the institution's Leave of Absence policy.

☐ No

Section G: Applicant's Program Information

What is the official name of the program the student is enrolled in or planning to enrol in?

What credential is awarded upon successful completion of the program?

☐ Diploma

☐ Certificate

☐ Bachelor's degree

☐ Master's degree

☐ Doctoral degree

☐ Other - specify:

What institution name is listed on the credential awarded upon successful completion of the program?

☐ The institution indicated on page 5

☐ Other - specify:

Is this program approved for the purpose of student financial assistance (i.e., government funding) in the institution's home country?

☐ Yes - What types of funding the program is approved for: ☐ Full-Time

☐ Part-Time

☐ The program is not approved for student financial assistance purposes.

What is the method of instruction for this program? Check all that apply.

☐ In-class

☐ Remote or virtual classroom (e.g., online or e-learning, video conferencing, distance education) – answer the remaining questions in this section

☐ Other - specify and also answer the remaining questions in this section.

Do students in this program use the same financial aid office listed on page 5 of Section C: Institution and Program Information?

☐ Yes

☐ No - specify the name and address of the office administering financial aid for these students.

Section G: Applicant's Program Information (Continued)

Can a student enrol as a full-time student in this program if they are taking the program remotely in a virtual classroom?

☐ Yes

☐ No

Is the program offered on a full-time basis?

☐ Yes

☐ No

How does your school determine a full-time course load for one academic year?

Minimum course load percentage: [| |]

Term or annual required credits/courses: [|]

For Certificate and Diploma programs:

What are the weekly hours of instruction for this program? [|]

Minimum weekly hours of instruction to maintain full-time status: [|]

Is the program and/or courses within the program delivered with defined start and end dates?

☐ Yes

☐ No

What are the start and end dates for this student's program?

From: **To:**

Month   Year   Month   Year

[| | | | |]   [| | | | |]

Are the students monitored to ensure the course hours, course load and satisfactory academic progress is maintained?

☐ Yes – specify how monitoring is done. If additional space is required, attach a separate sheet of paper.

_____

_____

☐ No

What is the program length in years?

[|]

What are the number of weeks of instruction per year?

Note: Only include class time. Do not include holidays or study breaks.

[|]

Section H: Declaration by Institution Official

Only an authorized officer with binding authority from the institution can complete this section.

Having legal authority to sign on behalf of the institution named in section C, I declare that:
- the information provided on Sections C to H of this form is complete and true.
- I understand that all information provided is subject to verification and audit by the ministry.

For purposes of this declaration, an authorized institution official is an employee or owner of the institution who either works in the Registrar's office and/or has access to registrar's records so student registration status, study period start and end dates, program costs and program length can be confirmed.

I agree that:
- An authorized institution official will complete and sign forms that are mandatory for processing an OSAP application. This includes the following two forms: **Program Information Form (PIF)**, which provides details of the student's study period and program costs and **Confirmation of Enrolment (COE)**, which is required to confirm a student's enrolment status before OSAP funds can be disbursed.
- An authorized institution official will complete all documentation sent by the ministry without alteration.
- An authorized institution official will promptly notify the Ministry of Colleges and Universities ("the ministry") **in writing** if they have completed either a PIF and/COE for a student and the student subsequently ceases to be a full-time student before their study period end date; has ceased attending after the study period start date provided to the ministry; is no longer enrolled as a full-time student; and/or has completed their program of study early.
- OSAP and any other reference to Ontario student financial aid will not be used in any promotional materials. I understand that breach of this policy will result in the institution being removed from the list of institutions approved for OSAP purposes. The only approved wording to be used for promotional materials is as follows: "Financial assistance may be available for those who qualify."

Name:

Position/Title:

Email address:

Area code and telephone number:

Signature:

Date:
Day   Month   Year

Official Seal:

Lightly shade the area with a pencil if an embossed seal is used so the information is clearly visible.

Note: If your institution does not have an official seal, provide a signed statement on official letterhead that no seal is available.