Purpose
Use this form to request a review of the expected income contribution from you and/or your spouse (if applicable) used in the assessment of your 2016-2017 OSAP Application for Full-Time Students.

Note:
• Many of the reviews available here apply only to your OSAP assessment for federal loan and grants. There may be no or a minimal impact to your OSAP assessment for provincial loan and grants due to the introduction of the student fixed contribution for the provincial component of OSAP.
• Reviews will NOT be considered if you and/or your spouse (if applicable) choose not to work in order to travel or participate in recreational activities.
• Before you complete this form, you must have already submitted a 2016-2017 OSAP Application for Full-Time Students.

Required Documents
You must provide documentation to support your review request. The type of documentation provided depends on the reason(s) you have selected in Section B: Review Request Details. The documentation requirements are listed for each selection.

Note:
• You and/or your spouse (if applicable) must sign and date any letters provided with this review request.
• Include your name and student number on all documentation provided.
• You may be required to provide additional documentation based on the information you and/or your spouse (if applicable) provide with this request.

Where to Send this Form
If you’re going to a school in Ontario:
Send this completed form and your required document(s) to your school’s Financial Aid Office.

If you’re going to a school outside of Ontario:
Send this completed form and your required document(s) to: Student Financial Assistance Branch, Ministry of Advanced Education and Skills Development, P.O. Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

Deadline
This form and all required documents must be received by your financial aid office or the ministry no later than 40 days before the end of your 2016-2017 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 Advanced Education and Skills Development, P.O. Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

General inquiry telephone service is available Monday to Friday, 8:30 AM - 4:30 PM (Eastern Standard Time).
• Telephone: 1-807-343-7260.
• Toll-free in North America: 1-877-OSAP-411 (1-877-672-7411)
• Telephone Device for the Deaf (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:

Province or state:

Postal code or zip code:

Country:

Area code and telephone number:

Student’s Study Period Details

What is the name of the school you plan to attend or are currently attending for your 2016-2017 study period?

Student number at your school:

What are the start and end dates of your 2016-2017 study period?

From:
Month
Year

To:
Month
Year
Section B: Review Request Details
Indicate the basis for your review request. If your situation is not listed here, contact your financial aid office or the ministry before completing this form. See the section, “Questions?” on page 1 for contact
Reason for Review (check all that apply)

☐ Only able to obtain part-time employment.
  ☐ In the pre-study period (you and/or your spouse)
  ☐ In the study period (spouse only)

Required documentation:
• A letter or documentation from your and/or your spouse’s employer indicating the number of weeks and number of hours worked during the applicable time period.
• A letter from you and/or your spouse detailing why you and/or your spouse were unable to work full-time during the applicable time period.

☐ Unable to secure employment through a demonstrated “on-going” job search.
  ☐ In the pre-study period (you and/or your spouse)
  ☐ In the study period (spouse only)

Required documentation:
• A letter indicating the reason you and/or your spouse were unable to find employment for the applicable time period.
• A detailed summary of your job search covering the duration of the applicable period, including a list of prospective employers. Documentation must show that you and/or your spouse actively looked for all types of work and salary ranges. In lieu of a summary of the job search history, you can provide official proof of registration with an employment agency, including date of registration.

☐ Could not work due to a disability.
  ☐ In the pre-study period (you and/or your spouse)
  ☐ In the study period (spouse only)

Required documentation:
• A letter from you and/or your spouse indicating the reason you were unable to work and the applicable time period.
• A certificate from a physician outlining the nature of the illness, care provided and period of time you and/or your spouse were unable to work.
• A copy of the Record of Employment issued by your or your spouse’s employer showing reason for separation as Code “D” (illness or injury); OR a letter of approval from Service Canada indicating that you and/or your spouse was/is in receipt of Employment Insurance sickness benefits and the number of entitled weeks (if applicable).

☐ Temporarily ill and unable to work for all or part of applicable period.
  ☐ In the pre-study period (you and/or your spouse)
  ☐ In the study period (spouse only)

Required documentation:
• A letter from you and/or your spouse indicating the reason you were unable to work and the applicable time period.
• A certificate from a physician outlining the nature of the illness, care provided and period of time you and/or your spouse were unable to work.
• A copy of the Record of Employment issued by your or your spouse’s employer showing reason for separation as Code “D” (illness or injury); OR a letter of approval from Service Canada indicating that you and/or your spouse was/is in receipt of Employment Insurance sickness benefits and the number of entitled weeks (if applicable).

☐ Stayed home to care for children 12 months of age or younger.
  ☐ In the pre-study period (you and/or your spouse)
  ☐ In the study period (spouse only)

Required documentation:
• A letter from you and/or your spouse indicating the reason for being unable to work during the applicable time period.
Stayed at home to care for children with disabilities or children who have a chronic or life-threatening illness.

☐ In the pre-study period (you and/or your spouse)
☐ In the study period (spouse only)

Required documentation:
- A letter from you and/or your spouse indicating the reason that you and/or your spouse were unable to work during the applicable time period.
- A letter from the family physician indicating the nature of the child(ren)’s illness or disability and the nature of the daily care required.

Stayed at home to care for an elderly parent.

☐ In the pre-study period (you and/or your spouse)
☐ In the study period (spouse only)

Required documentation:
- A letter from you and/or your spouse indicating the reason for being unable to work during the applicable time period.
- A letter from the family physician indicating the nature of the parent’s illness (if applicable) and the nature of the daily care required.

Enrolled in and attending an English/French as a Second Language program of study.

☐ In the pre-study period (you and/or your spouse)
☐ In the study period (spouse only)

Required documentation:
- A signed statement from the institution you and/or your spouse is/was attending confirming enrollment and attendance in ESL/FSL training full time (minimum 20 hours per week) during the applicable period. The letter must include start and end dates and classroom hours per week.

Your spouse is attending high school or an academic upgrading program on a full-time basis (at least 60% of a full course load).

☐ In the pre-study period (spouse only)
☐ In the study period (spouse only)

Required documentation:
- A signed statement from the high school/academic upgrading facility confirming dates of study and percentage course load.

Working as a volunteer or in unpaid work.

☐ In the pre-study period (you and/or your spouse)
☐ In the study period (spouse only)

Required documentation:
- A letter from an individual at the organization who is authorized to confirm the number of hours per week that the student or spouse is working/has worked at the organization and when they worked with the organization (e.g., the start date and end date).
- The letter must also include:
  - Name and address of the organization;
  - Registered charity number or not-for-profit corporation number (if organization is not a registered charity); and
  - Name, position, and contact information for the individual signing the letter.

Incarcerated.

☐ In the pre-study period (you and/or your spouse)
☐ In the study period (spouse only)

Required documentation:
- Written confirmation from a corrections official outlining the dates of incarceration.
Sponsored by Sports Canada and in the pre-Olympic year training for the Olympic Games.
☐ In the pre-study period (you and/or your spouse)
☐ In the study period (spouse only)

Required documentation:
- Written confirmation from Sports Canada of the time period that you and/or your spouse participated full time in training for the Olympic Games.

Your spouse is not legally entitled to work in Canada.
☐ In the pre-study period (you and/or your spouse)
☐ In the study period (spouse only)

Required documentation:
- A letter from the spouse indicating the reason why he/she is not legally entitled to work in Canada, including why a work visa was not applied for before entering Canada. If the spouse's stay is longer than six months, a description of the strategy/intention around becoming eligible to work in Canada.
- Proof of a visitor's visa or proof that the spouse is from a country where a visitor's visa is not required.
- An affidavit signed by the spouse stating that he/she does not have a work visa to work in Canada.

Student Declaration
I understand that if my review request is accepted, my OSAP application will be re-assessed based on the information I have provided for this review. I will be bound by the Declarations I signed on my 2016-2017 OSAP Application for Full-Time Students.

Signature of Student: ____________________________ Date: ____________

Month Day 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 form and in accordance with the consents you signed on your OSAP application form. The Ministry of Training Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application form. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Training Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, ON P7B 6G9; (807) 343-7260.

June 22, 2016