

Ministry of Advanced Education and Skills Development Student Financial Assistance Branch

Student and School Information (to be completed by school)

2016-2017 OSAP Application Update: Change to Study Period or Program

Instructions

Use this form to obtain updated income information from the student if their study period and/or program changes during the 2016-2017 academic year while at the same school. The student completes the "Student Income Update" section, including the declaration. The school completes the "Student and School Information" section and the "Change to Study Period and/or Program of Study" section, including the declaration.

Sc	ocial Insuranc	e Number:					
La	st name:						
Fi	rst name:						
In	stitution code						
		•					
In	stitution name) :					
	1 1 1 1			1.1			
C	hange to St	udy Period and/or Proดู	gram of Study (to be	complet	ed by school)		
		v, provide the information ind			od start date to t	he date of the o	change
(ro	ow 1) and the d	date of the change to student	s study period end date (row 2).			
		(A)	(B)	(C) Year	(D) Study Period	(E) Study Period	(F) Number o
S	tudy Period:	Name of Program	Cost Code	Entering	Start Date	End Date	Weeks
1	Study period start to date of change						
	Date of change to						
2	study period end						
De	eclaration an	nd Signature of School O	fficial				
		information I provided on this		ıe.			
	gnature of scl	•	·		Date:		
ı					Month Day	Year	ı

October 25, 2016

2016-2017 OSAP Application Update:
Change to Study Period or Program

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Social Insurance Number:					

Student Income Update (to be completed by student)

Indicate the amount of income you received or expect to receive from all sources during your two study periods as provided by your school, above. The information you provide will be used to reassess your 2016-2017 OSAP Application for Full-Time Students.

630 Type and amount	of government income:	Study Period 1	Study Period 2
		(see column D & E in row 1 on above chart	_
Employme	nt Insurance	\$	\$
Loss of Ea	rnings Benefits (WSIB)	\$	\$
Ontario Dis	sability Support Program	\$	\$
Ontario Wo	orks	\$	\$
Postsecon	dary Student Support Progra	m \$	\$
	ension Plan (Orphans' Benefi Benefits, Disabled Contributo nefits)		\$
Second Ca	areer	\$	\$
Other Spe	ecify Source:	\$	\$
•	saries, and/or awards:	\$	\$
Registered Educa payments and/or i	stance Payments from a tion Savings Plan (RESP) a interest and dividends earn er educational savings plar	ed on	\$
620 Employment inco	me:	\$	\$
621 Income from all ot	ther sources, world-wide:	\$	\$
classes for more t	ak in your studies and you on the stand weeks, indicate the addring the time period betw	mount of income	
Declaration and Sign	nature of Student		
I declare that I have give	en complete and true informa	tion on this form.	
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 Advanced Education and Skills Development 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 Advanced Education and Skills Development, PO Box 4500, 189 Red River Road, Thunder Bay, ON P7B 6G9; (807) 343-7260.

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