

Purpose

Use this form to request a review of the local travel costs used in the assessment of your **2019-20 OSAP Application for Full-Time Students**.

You can request that your additional local travel costs during your study period be considered if one or more of the following applies to you:

- You drive more than 30 km from your home to your campus or school placement; or
- You drive because it takes more than 1 hour by public transit to get from your home to your campus or school placement; or
- You drive because there is no public transit between your home and your campus or school placement; or
- You have exceptional public transit costs from your home to your campus or school placement (for example you are required to use multiple transit systems or non-municipal transit).

Note:

- Reviews for students who commute with a personal vehicle will NOT consider the costs of either vehicle insurance or maintenance.
- Reviews will not be approved for students travel with a spouse or parent who is commuting to work.
- Before you complete this form, you must have already submitted a 2019-20 OSAP Application for Full-Time Students.

Required documents

You must provide documentation to support your review request. See **Section B: Review request details** for information on these documentation requirements.

How to submit this form

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

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 Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario P7B 6G9.

October 31, 2019

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 2019-20 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 and Universities, 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

Social Insurance N	umber:				
Ontario Education	Number (OEN), if assigned:				
or post office box:	Apartment:				
or post office box:	Postal code or zip code:				
	Province or state:				
	Area code and telephone number				
9.5					
ol and program					
	rently attending for your 2019-20				
	or post office box: or post office box:				

Student number at your school:

From:

Year

Month

What are the start and end dates of your 2019-20 study period?

Month

To:

Year

Social Insurance Number:						

Section B: Review request details

Indicate the basis for your review request. If your situation is not listed, contact your financial aid office or the ministry before completing this form. See the section, "Questions?" on page 2 for contact details.

Reason for review (check all that apply)

I drive more than 30 km from my home to my campus or school placement.
I drive because it takes me more than one hour by public transit to travel from my home to my campus or school placement.
I drive because public transit is not available from my home to my campus or school placement.
I have exceptional transit expenses from my home to my campus or school placement because I use multiple public transit systems or non-municipal transit.

Required documentation:

You must provide all of the following documentation to support your review request:

- A letter signed and dated from you outlining the following:
 - Your total weekly travel costs during your study period (costs for a personal vehicle are gas only, not any maintenance and/or insurance costs);
 - if you share a ride with other student(s), calculate only your share of the weekly travel costs.
 - Your method of travel (for example, personal vehicle, shared ride with other student(s), multiple public transit systems - indicate companies);
 - An explanation for use of multiple public transit systems, if applicable; and
- If you are a single independent student who does not live with your parents: An explanation of why you have not moved closer to your campus or placement location;
- A calculation of the distance/time of your travel route (for example, home and campus or placement marked on a Google map of the area); and
- A copy of your course schedule that indicates the days and times you are in class (or on placement);
- Receipts or proof of transportation costs during your study period for a minimum of four weeks.

Note:

- You must sign and date any letters you provide 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 provide with this request.

2019-20 Request for Review:	
Adjust Local Travel in Study Per	iod

Social Insurance Number:					

Section C: Student declaration

- I have given complete and true information on this form.
- I understand that I am responsible for providing all required supporting documentation as indicated on this form or as directed by my financial aid office or the ministry.
- I understand that if my review request is approved, my OSAP application will be reassessed based on the information I have provided for this review.
- I understand that if my application is reassessed, 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 Ontario Student Grants 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 the Canada Student Grants in the Canada Student Financial
 Assistance Regulations under the Canada Student Financial Assistance Act.
- 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 2019-20 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 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 Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario P7B 6G9; (807) 343-7260.