STUDIES AT ANOTHER INSTITUTION FORM

(Please submit completed form to Student Central or the Financial Aid Office)

Last Name:		First Name) :
Student ID:		Faculty/Yr:	
		(ie: SC4, AR2)	
	e credited towards your Weste		ional costs at another institution (within Canada) degree. In order to consider these educational
			with your Host Institution, you will need to apply able if you are enrolled in courses at both
			ne assigned from your OSAP funding processed ent arrangements with the other institution.
Course Name(s)			Course Number(s)
TO BE COMPLETED BY H	OST INSTITUTION:		
% Course Load:		7	
Tuition Fees:			
Ancillary Fees:			
Book Costs:			
No. of Weeks of Study:			
Study Start Date:			
Study End Date:			
Official Name:			
Title:			
Phone No.:			
Official's Signature:			
Date:			
Institution Name & Addres (Stamp)	ss:		
V 17			

**Please return this form to: Western University, Student Financial Aid, Western Student Services Building, Room 1100, London, Ontario, N6A 3K7 Ph No.: (519) 661-2100 - Fax No.: (519) 850-2394.

The personal information on this form is collected under the authority of The University of Western Ontario Act, 1982, as amended. To view the complete Personal Information Collection Notice, visit the online Academic Calendar at: http://westerncalendar.uwo.ca/2015/pg5.html