

# OSAP CHANGE FORM

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Study Period**

\_\_\_\_\_  
**Student Number**

\_\_\_\_\_  
**Faculty/Year**

## **REASON FOR REASSESSMENT:**

1. Change in **COURSE LOAD** or **FACULTY**?

Effective date of change: \_\_\_\_\_

New course load/New Faculty: \_\_\_\_\_

2. Other (Please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CHANGE IN INCOME:**

**UNDERGRADUATE STUDENTS:** *Do NOT include UWO scholarship, award or bursary funding.*

**GRADUATE STUDENTS:** *MUST report all income including scholarships, bursaries and awards, with the exception of the Ontario Graduate Scholarship (OGS). OGS is reported by Western on your behalf.*

Details of income change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **REQUEST TO CLOSE OSAP APPLICATION:**

**Please close my OSAP Application.** You **must** attach a copy of your valid government issued photo ID.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please return this form to:

Western University - Student Financial Aid - Western Student Services Building - Room 1100  
London, ON - N6A 3K7 - Tel. (519) 661-2100 - Fax (519) 850-2394

## **FOR OFFICE USE ONLY**

Sent Online

Initials

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