2018 – 2019 Full Time (FT) OSAP Request to Change My Study Period

Use this form to change your study period. You **must** complete Pages 1 and 2. Submit the completed form to our office (in person or via email).

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student #</th>
<th>SIN</th>
<th>E-mail</th>
<th>Phone #</th>
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<tr>
<th>Original Study Period on My OSAP Application</th>
<th>New Study Period Requested</th>
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<tr>
<td>☐ September to April</td>
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<td>☐ September to December</td>
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<td>☐ May to August</td>
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**Obligations:** As an OSAP recipient, you are required to report any personal income/resource changes that occur after you submitted your application.

**Declaration:** I am providing complete and accurate information to update my OSAP application. I understand I am responsible to promptly notify the UTSC Financial Aid Office, in writing, of further changes. I understand income information will be verified with the Canada Revenue Agency and that incorrect information may affect my future OSAP eligibility. If I report a reduction in the amounts I previously declared, I must explain the reason(s) for the changes and I understand that I must provide proof. I have used the Reference Guide to complete this form.

Your Signature (must be INK)  

Today’s Date

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**University of Toronto Notice of Collection**

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government agencies for statistical purposes. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Coordinator at 416-946-7303, McMurrich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.
2018 – 2019 FT OSAP Request to Change My Study Period

Name ___________________________________ Student # __________________________

**Income Received Before Your Study Period**
Did you receive income from Ontario Disability Support Program (ODSP) or Ontario Works (OW) in the month before the start of your study period?

☐ No  ☐ Yes  If yes, indicate source of income:  ☐ ODSP  ☐ OW

**Income Received During Your Study Period**

**Employment Income**
Do you expect to earn more than $5,600 in employment income **per term** during your study period?

☐ No  ☐ Yes

If yes, estimate the amount of income you will earn during your entire study period: $_____________00

**Scholarships, Awards, Tuition Waivers or Reimbursements**
Do you expect to receive a Scholarship, Award or Bursary, Tuition Waiver or Reimbursement?

☐ No  ☐ Yes  If yes, complete the information below:

<table>
<thead>
<tr>
<th>Name of Scholarship, Award, Tuition Waiver or Reimbursement</th>
<th>Amount</th>
<th>Source (Circle)</th>
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<td>External</td>
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**Financial Assistance from Government Programs**
Do you expect to receive financial assistance from other government programs during your study period?

☐ No  ☐ Yes  If yes, indicate the estimated amount of the applicable government income:

Employment Insurance $ __________ Canada Pension Plan $ __________
Loss of Earnings Benefits (WSIB) $ __________ Second Career $ __________
ON Disability Support Program (ODSP) $ __________ Canada-Ontario Job Grant $ __________
Ontario Works (OW) $ __________ Other (Specify below) $ __________

Source of Other Government Income: _________________________________________

**RRSPs & Other Assets**
Provide the value of all your and your spouse’s (if applicable) assets, world-wide as of the first day of your 2018-2019 study period. This date is known as your asset valuation date.

As of the start of your study period, do you and/or your spouse have **Registered Retirement Savings Plans (RRSPs)**? Attach proof.

☐ No  ☐ Yes  If yes, enter the total net value: $_______________00

As of the start of your study period, do you and /or your spouse have **other assets**? Attach proof.

☐ No  ☐ Yes  If yes, enter the total amount: $_______________00