

**Financial Aid Office**

OFFICE OF THE REGISTRAR, HL160

T: 416-287-7001

[www.utsc.utoronto.ca/registrar](http://www.utsc.utoronto.ca/registrar)[askregistrar@utsc.utoronto.ca](mailto:askregistrar@utsc.utoronto.ca)**2020 Winter OSAP Reinstatement Form****Return to Full Time Studies**

Complete this form if you dropped below a 60% course load (40% for students with permanent disabilities) in the Fall semester and you plan on returning to full time studies in the Winter semester.

When you receive OSAP funding you are expected to stay in and pass a 60% course load (40% for students with permanent disabilities). If you don't pass the minimum course load or you drop below full-time in two consecutive academic years, you may be restricted from receiving OSAP for at least a year.

**Personal Information****Last Name** \_\_\_\_\_**First Name** \_\_\_\_\_**Student #** \_\_\_\_\_**SIN (Optional)** \_\_\_\_\_**E-mail** \_\_\_\_\_  
@mail.utoronto.ca**Phone #** \_\_\_\_\_**Program Information**

I dropped below full-time studies in the 2019 Fall semester on \_\_\_\_\_, 2019  
(To find the date: check the end date on your OSAP account online. If you're not sure, contact our office.)

My intended course load for the Winter 2020 term:

- 100% (5 courses)  
 60% (3 courses)

- 80% (4 courses)  
 40% (2 courses) \*

\*Full-time course load for students with a documented permanent disability is 40%.

- Other Specify: \_\_\_\_\_

**Required Documentation**

You must complete both Page 1 and Page 2. When you submit this form, attach a letter of academic progress.

Your letter should include:

- What circumstances led you to drop to part-time studies in the first semester, and how you have dealt with those circumstances
- A clear statement of your long term academic and career goals
- If the situation was outside your control, provide supporting documentation (doctor's note, etc.)

Submit this form and all required documentation by January 31, 2020.

**University of Toronto Notice of Collection**

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. 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](http://www.utoronto.ca/privacy) or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5385, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1

## **Financial Assistance from Government Programs**

Do you expect to receive financial assistance from government programs during your study periods?

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

Type of Income	Gross Income Sep 3/19 to drop date	Expected Gross Income Jan 6/20 – Apr 25/19
Employment Insurance	\$	\$
Loss of Earnings Benefits (WSIB)	\$	\$
Ontario Disability Support Program	\$	\$
Ontario Works	\$	\$
Canada Pension Plan (Orphans' Benefits, Survivor's Benefits, etc)	\$	\$
Second Career	\$	\$
Canada-Ontario Job Grant	\$	\$
Other Government Income - Specify:	\$	\$

## **Scholarships, Awards, Tuition Waivers or Reimbursements**

Do you expect to receive a Scholarship, Award or Bursary, Tuition Waiver or Reimbursement?

No  Yes (If more than 1 source, attach list and amount for each period.)

Name of Scholarship, Award, Tuition Waiver or Reimbursement	Sep 3/19 to drop date	Jan 6/20 – Apr 25/20
	\$	\$

In your **2019 Fall** semester (up to the drop date), did you earn more than \$5,600 in employment income?

No  Yes      If yes, what was the amount you earned: \$ \_\_\_\_\_ .00

In your **2020 Winter** semester, do you expect to earn more than \$5,600 in employment income?

No  Yes      If yes, estimate the amount you will earn during your 2020 Winter: \$ \_\_\_\_\_ .00

## **Declaration & Signature**

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. I also understand that I may receive little or no funding for the Winter semester because the OSAP assessment will be used to reduce my overpayment from the Fall semester.

**Your Signature**

**Today's Date**

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