



Part-Time Application Change Request P02

This form should be used to report changes to information entered on your part-time OSAP application.

- To reduce your change request processing time, we recommend you scan and upload this form and all supporting documentation directly through your OSAP account. Instructions on how to scan and upload is available on our web page under [How to upload your OSAP Supporting Documents](#).
- **Deadline date:** the deadline date to submit OSAP supporting documents, appeals and change requests is 40 days prior to your current study period end date. Late submissions may not be considered.

Student Information (please type or print)

Student Number	Last Name/Family Name	Given Name(s)
Telephone Number	Email Address	Social Insurance Number (first 6 digits only) <div style="text-align: center;"> _ _ _ - _ _ - X X X </div>

Is your record updated? Check your current contact information at currentstudents.yorku.ca/student-personal-information.

Academic session (choose one): Summer 2020 Fall/Winter 2020-2021 Summer 2021

Changes in course load or program of study, withdrawal, cancellation of funds or application:

Course load reduced to _____ credits
 Course load increased to _____ credits
 Have withdrawn

Changed my program to _____

Cancel my funding of \$ _____
 Cancel my grant cheque of \$ _____

Cancel my part-time OSAP application (provide reason) _____

Other changes: provide complete information by including what has changed, how has it changed, the reason for the change, and when the change occurred. **Changes can only be considered if you provide a complete explanation, and attach supporting documentation to substantiate your claim, if applicable.**

I am attaching additional information.

Declaration: I am providing complete and accurate information to update my OSAP application. I understand I am responsible to promptly notify Student Financial Services, in writing, of further changes. I understand income information will be verified with Canada Revenue Agency and that incorrect information may affect my future OSAP eligibility.

Student's Signature (not required if you will upload this form to your online OSAP account) _____
 Date (dd/mm/yy) _____

Protection of Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.