Student's Surname: (Print neatly)	First Name:

Social Insurance #	Student #	Phone No. ( )

YORK U
UNIVERSITÉ UNIVERSITY

CHANGE REQUEST
Use this form to report changes to the information you had entered on your OSAP application

☐ SU 2006   ☐ FW2006-07   ☐ SU 2007

(You must indicate study period)

CHANGES IN PROGRAM OF STUDY

☐ Course load reduced to _____ credits

☐ Course load increased to _____ credits

☐ Withdrew from the university

☐ Changed my program of study to : _____

Level of study: ☐1 ☐2 ☐3 ☐4

CANCELLATION OF FUNDS OR APPLICATION

☐ Cancel my loan document(s) in the amount of $ _____

☐ Cancel my grant cheque in the amount of $ _____

☐ Cancel my OSAP application

Explanation

I have given complete and true information on this form and understand that I am responsible to promptly notify Student Financial Services of any changes. I also understand that any of these changes may cause a reassessment and potentially result in an OSAP over award.

Student's Signature _____ **Date** _____

Staff Signature (if handed in at Client Services) _____ **Date** _____

*OSAP record updated by:*_____
Update Stamp & initials