## **Student Services**

Gilmour Hall, Room 108 Phone: 905-525-9140 ext. 24796

Email: student.services@mcmaster.ca

## **Registration and Fees Confirmation Form**

For Full-Time McMaster University students on a Letter of Permission (LOP) at another university.

This form must be completed by an Official at the institution you will be attending. Once completed, this form must be submitted to the Office of Student Financial Aid & Scholarship at McMaster University. Please attach this form to your OSAP Extension form.

The Ontario Student Assistance Program (OSAP) may recognize the educational costs incurred at the host institution if the course(s) taken on a Letter of Permission will be credited towards your McMaster University degree or towards a concurrent degree, certificate or diploma program that is related to your degree at McMaster University.

## **SECTION A:** To be completed by the student (please print clearly)

| McMaster Student ID #   |  |                       |                     |
|---|--|-----------------------|---------------------|
| Surname   | Given Name   |                       |                     |
| Program of Study at the Host Institution  |  |                       |                     |
| Program of Study at McMaster University   |  |                       |                     |
| Accommodation during the study period (check one)  Residing with parents  Not residing with parents |  |                       |                     |
| Course Name (i.e. History)  | Course Code (ie. 2EA3)                                     | Start Date (dd/mm/yy) | End Date (dd/mm/yy) |
|   |  |                       |                     |
|   |  |                       |                     |
|   |  |                       |                     |
|   |  |                       |                     |
| SECTION B: To be completed by the host institution you will be attending                            |  |                       |                     |
| Study Period Start Date   | Period Start Date Study Period End Date #Wks<br>(dd/mm/yy) |                       |                     |
| Course Load (%) Tuition \$ Compulsory Fee   |  | ilsory Fees \$        | Book Allowance \$   |
| Are all courses listed as OSAP eligible?  Yes  No   |  |                       |                     |
| If no, please indicate which course(s) is <u>not</u> OSAP eligible                                  |  |                       |                     |
| Institution City  |  | Province              |                     |
| Official's Printed Name   | Printed Name Official's Printed Name                       |                       |                     |
| Phone Number ( ) Email  |  |                       |                     |

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services; including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding collection or use of this personal information should be directed to the Senior Associate Registrar, Aid & Awards.

Office of the Registrar

