



Office of the Registrar
 Student Services
 1280 Main Street West
 Gilmour Hall, Room 108
 Hamilton ON, L8S 4L8
 Phone: 905-525-9140 ext. 24796
 Fax: 905-521-9565

Last Name:	First Name:
McMaster Student ID Number:	
McMaster Email:	
Program Name:	
Current Program Level:	Co-Op Program (<i>check one</i>) Yes No

What would you like to update? (check one):

OSAP for Full-Time Students

OSAP for Part-Time Students

Grant Only (No OSAP loan)

2020/21 OSAP CHANGE REQUEST FORM

EXPLAIN WHY THESE CHANGES ARE REQUIRED (THIS SECTION MUST BE COMPLETED)

REQUESTED CHANGES

Reduce my course load to _____ **units** in the fall term and/or _____ **units** in the winter term

Increase my course load to _____ **units** in the fall term and/or _____ **units** in the winter term

Change my status to withdrawn from McMaster

Change my program of study to _____ and Level of study to _____

I am earning more than \$5,600 during one or more of my terms. In the explanation above, please list your total gross (before tax) income for each of your terms (ex. Fall = \$7,800, Winter = \$...etc.)

Close my OSAP application (**not an option if you have already received funding*)

Other...(explain above)

NOTE: Changes to parental information are not accepted on this form. Parents must submit a signed and dated letter explaining all required changes. Parental income changes must include a copy of their CRA Notice of Assessment and a copy of their Federal Schedule 1.

I have given complete and true information on the front & back of this form and understand that I am responsible to promptly notify the Student Services office of any financial, academic, family or status changes. I also understand these changes may result in a change to my OSAP entitlement.

Student Signature _____ Date _____