



Office of the Registrar
 Student Services
 1280 Main Street West
 Gilmour Hall, Room 108
 Hamilton ON, L8S 4L8
 registrar.mcmaster.ca/

Last Name:	First Name:
McMaster Student ID Number:	
McMaster Email:	
Program Name:	
Current Program Level:	Co-Op Program: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

- OSAP for Full-Time Students OSAP for Part-Time Students

2024/2025 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
- Reduce my course load to _____ **units** in the spring session and/or _____ **units** in the summer session
- Increase my course load to _____ **units** in the spring session and/or _____ **units** in the summer session
- Change my status to withdrawn from McMaster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. Please update my income (complete page 2).
- Close my OSAP application (**not an option if you have already received funding*)

NOTE: Changes to parental or spousal information are not accepted on this form.

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: _____

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 the collection or use of this personal information should be directed to the Associate Registrar, Student Services, Gilmour Hall 108, McMaster University

Please only complete the following pages to update your income on your OSAP application.

Do not list the following income sources on this form:

- Registered Education Savings Plans (RESPs), Canada Education Savings Grant (CESG) or Canada Learning Bond (CLB)
- Postsecondary Student Support Program (PSSSP)
- Indigenous Services Canada (previously known as INAC) funding
- Canada Child Benefit (CCB)
- Ontario Child Benefit (OCB)
- Child support (report under "other income received during your study period")
- Ontario Trillium Benefit
- GST/HST credit
- Continued Care and Support for Youth (allowance from your Children's Aid Society or Child and Family Services Agency)
- Veteran Affairs Disability Benefits
- Criminal Injuries Compensation Board funding (victims of violent crimes)

Did you receive social assistance from Ontario Works (OW) or Ontario Disability Support Program (ODSP) in the month before your study period (Aug 1/2024 to Sep 7/2024)?

Yes No

If yes, specify source: _____

Please ensure that all income fields are completed with your total gross income already received **OR** amounts estimated to be received **OR ZERO**...

Note: CRB, CRSB, and WEPP received during your study period MUST BE REPORTED in the table below under "Other Income."

COMPLETE ALL SECTIONS FOR ALL TERMS, IF NOT, IT WILL NOT BE PROCESSED (If zero, enter zero)

INCOME DURING STUDY PERIOD	Sept – Dec 2024	Jan – April 2025	May – Aug 2025
Government Income (Source E.g.: ODSP, Ontario Works, EI, WSIB etc.) *Do not include OSAP amounts	\$	\$	\$
	Source:	Source:	Source:
McMaster Scholarship	\$	\$	\$
McMaster Bursary	\$	\$	\$
Ontario Graduate Scholarship (OGS)	\$	\$	\$
McMaster dependent/spouse bursary	\$	\$	\$
Other scholarship/bursary	\$	\$	\$
Employment Gross Income (Including Graduate TA & Residence Life CA Income)	\$	\$	\$
Co-op Work Placement Gross Income (Enter amount to be received during each 4-month work term)	\$	\$	\$
All Other Income (e.g. CRB, CRSB, WEPP, child support, etc.)	\$	\$	\$
	Source:	Source:	Source:

Accommodation – Select the option that applies to you	Sept – Dec 2024	Jan – April 2025	May – Aug 2025
	<input type="checkbox"/> Residing with parents	<input type="checkbox"/> Residing with parents	<input type="checkbox"/> Residing with parents
	<input type="checkbox"/> Not residing with parents	<input type="checkbox"/> Not residing with parents	<input type="checkbox"/> Not residing with parents

Child Care Costs (if you have dependent children under the age of 12)	Sept – Dec 2024	Jan – April 2025	May – Aug 2025
	\$	\$	\$