

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

2026/2027 OSAP CHANGE REQUEST FORM

[HOW TO SUBMIT YOUR COMPLETED 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- Change my status to withdrawn from McMaster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 _____
- Please update my income received during my study period (**Fill in all boxes on 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. You need to upload a signed and dated letter from your parent(s) or spouse and relevant documents to support the change(s).

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: _____

Please complete pages 2 and 3 to update your income on your OSAP application.

Government income: what to report

- Employment Insurance
- Loss of Earnings Benefits (WSIB)
- Ontario Disability Support Program
- Ontario Works
- Canada Pension Plan (Disability Benefits (CPP-DB), Orphans' Benefits, Survivors' Benefits, Disabled Contributors' Child's Benefits)
- Better Jobs Ontario
- Canada-Ontario Job Grant
- Government program that provides funding for costs of a postsecondary education program (e.g., the BEGIN Initiative: Bridging Educational Grant in Nursing)
- Other (e.g., Social Assistance or Disability Benefits from another province in Canada, Resettlement Assistance Program and/or Private Sponsorship Program funding, funding from Sports Canada, Quest for Gold or other Athletic Training Programs, Veterans Affairs Canada - Education and Training Benefit, Veterans Affairs Canada - Income Replacement Benefit, Canadian Armed Forces Education Benefits, etc.)
- **DO NOT REPORT: OSAP, RESPs, CESG, CLB, Post-Secondary Student Support Program (PSSSP), CCB, OCB, CDB, Ontario Trillium Benefit, GST/HST credit, Ready, Set, Go program income from CAS, ACSD, or foster care payments**

Other scholarship/bursary: what to report

- Scholarships, bursaries, and/or awards from external organizations
- **DO NOT REPORT Ready, Set, Go program income from CAS, or Post-Secondary Student Support Program (PSSSP)**

All Other Income: what to report

- Long-Term Disability Benefits
- Child and/or spousal support
- Rental income
- Investment income, including interest and dividends
- Wage Earner Protection Program (WEPP) support
- **DO NOT REPORT: OSAP, RESPs, CESG, CLB, Post-Secondary Student Support Program (PSSSP), CCB, OCB, CDB, Ontario Trillium Benefit, GST/HST credit, Ready, Set, Go program income from CAS, ACSD, or foster care payments**

Did you receive social assistance from Ontario Works (OW) or Ontario Disability Support Program (ODSP) in the month before your study period (Aug 1/2026 to Sep 1/2027)?

Yes No

If yes, specify source: _____

ALL FIELDS ARE REQUIRED.

IF THERE IS NO VALUE TO ENTER FOR A FIELD, PLEASE ENTER N/A. PLEASE ALSO INCLUDE THE SOURCE FOR GOVERNMENT, OTHER SCHOLARSHIPS/BURSARIES, AND ALL OTHER INCOME.

IF ANY FIELDS ARE LEFT BLANK, YOUR FORM WILL BE DENIED.

INCOME DURING STUDY PERIOD	Fall Term	Winter Term	Spring/Summer Term
	Sep 2026 – Dec 2026	Jan 2027 – Apr 2027	May 2027- Aug 2027
Government Income <i>*You must fill in the source; refer to page 2 for what to report</i>	\$	\$	\$
	Source:	Source:	Source:
McMaster Scholarships	\$	\$	\$
McMaster Bursaries	\$	\$	\$
Ontario Graduate Scholarship (OGS)	\$	\$	\$
McMaster dependent/spouse bursary	\$	\$	\$
Other scholarships/bursaries <i>*You must fill in the source; refer to page 2 for what to report</i>	\$	\$	\$
	Source:	Source:	Source:
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 <i>*You must fill in the source; refer to page 2 for what to report</i>	\$	\$	\$
	Source:	Source:	Source:

Accommodation – Select the option that applies to you <i>*You must fill this out for each term*</i>	Sept – Dec 2026	Jan – Apr 2027	May – Aug 2027
		<input type="checkbox"/> Residing with parents <input type="checkbox"/> Not residing with parents	<input type="checkbox"/> 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 2026	Jan – April 2027	May – Aug 2027
		\$	\$

Questions? Contact [Student Services](#)