

Last Name:	First Name:
McMaster Student ID Number:	
McMaster Email:	
Program Name:	
Current Program Level:	Co-Op Program: ☐ Yes ☐ No

Extension to the 2026/2027 FULL-TIME OSAP APPLICATION

[HOW TO SUBMIT YOUR COMPLETED FORM](#)

Please note that this form is only for students who have a complete & confirmed full-time OSAP application for the fall and/or winter terms. To avoid processing delays, you must complete the information for all three terms in sections 1 and 2.

[Application Deadline:](#) no later than 40 days prior to your end of study date.

☐ Check this box if you are a student with a permanent disability or a persistent or prolonged disability. (Your Disability Verification Form must have been uploaded online directly into your OSAP application)

Section 1 – Study Period Information

For each session, please indicate your status & registered number of units

Fall Term September - December	Winter Term January - April	Spring Term May - June	Summer Term July - August
Status	Status	Status	Status
☐ Work placement	☐ Work placement	☐ Work placement	☐ Work placement
☐ Study period	☐ Study period	☐ Study period	☐ Study period
☐ Break	☐ Break	☐ Break	☐ Break
Total # of enrolled units:	Total # of enrolled units:	Total # of enrolled units:	Total # of enrolled units:

For multi-term courses, divide unit count by 2. Enter half in fall and half in winter.

Example: 6-unit multi term course = 3 units in fall and 3 units in winter.

Example: 6-unit multi term course = 3 units in spring and 3 units in summer.

Find the [Course Load Calculator](#) on our website.

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)

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: _____

DECLARATION & SIGNATURE I declare that I have read this application in its entirety and have given complete and true information; including all income received or to be received during each of my work and study periods from all sources including government funding assistance. Should any of the information recorded on this form change, I will promptly notify Student Services at McMaster University in writing.

Please sign with BOTH your first and last names (not shortened name, first name only, or initials)

Student Signature: _____

Date: _____

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
	☐ Residing with parents ☐ Not residing with parents	☐ Residing with parents ☐ Not residing with parents	☐ Residing with parents ☐ 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](#)