



Information Change Form: 20\_\_ to 20\_\_

- Full-Time OSAP Part-Time OSAP Ontario Tuition Grant (OTG – 30%)

Use this form to report changes to your course load and/or program of study or to cancel current OSAP funding

Please complete the form online; print and sign the hard copy. Attach it to the front of any supporting documentation you are submitting. Submit the completed form to the ServiceHub POD150 document drop off desk or mail to: Student Financial Assistance Office, POD 59, 350 Victoria St., Toronto, ON M5B 2K3.

STUDENT INFORMATION

Table with 2 columns: Student Number, Telephone, Last Name/Family Name, E-mail, Given Names.

Use this form to report changes that have occurred since submitting your Full Time OSAP Application. Once we have reviewed your application, the ministry will advise you how these changes will affect your funding. Please indicate the term/s (fall/winter, spring or summer) that these changes apply and attach this form as a cover page with any supporting documentation (if applicable).

- Fall Winter Spring Summer

Changes in course load, program of study, cancellation of funds;

- Course load changed/finalized to (list # of courses per term): Fall Winter Spring Summer
I have withdrawn
Change of program: Level of study: 1 2 3 4
Cancel my application. State reason:

Change the redirection of my OSAP funds to be deposited into my:

- RAMSS account - If your OSAP exceeds your outstanding fees, your fees will be paid, and the excess will go to your bank account.
Personal Bank Account - You will be responsible to pay the school directly via online banking.
Other

Please provide complete information by including what the incorrect information is, how it has changed, what the correct information should be, when the change occurred, and the reason for the change(s). Changes can only be considered if you provide a complete explanation, sign, and date all documents and attach supporting documentation to substantiate your claim(s).

Large empty rectangular box for providing detailed explanation and supporting documentation.

- I am attaching additional information

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Sign Page 2 [arrow]

# RYERSON UNIVERSITY

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA Statement)

This information is collected under the authority of the Ryerson University Act and is used by Ryerson University for the purposes of determining your eligibility for financial assistance, including but not limited to financial awards, customer account refunds and bursaries. The information collected may also be used on an aggregate basis in order to comply with Ryerson University's statutory reporting obligations. The information you provide will not be disclosed for any other purpose except for as stated herein unless authorized and/or required by law. If you have questions about the collection, use, and disclosure of this information by Ryerson University please contact Carole Scrase, Manager, Student Financial Assistance.

In order to assess your eligibility for some forms of financial assistance, we may need to review your academic record.

By checking the box below, you hereby consent to the disclosure of your academic record by the Registrar to Student Financial Assistance for the purpose of assessing your eligibility for student financial awards and/or assistance.

Please note that if you do not consent to the disclosure, we will not be able to determine your eligibility for some forms of financial assistance.

NAME: \_\_\_\_\_

STUDENT #: \_\_\_\_\_

(Please Print)

### FIPPA CONSENT

- I understand I may not be eligible for some forms of financial assistance.
- I consent to the disclosure of my academic record by the Registrar to Student Financial Assistance for the purposes set out above.
- I do not consent to the disclosure of my academic record by the Registrar to Student Financial Assistance for the purposes set out above.

★ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_