



# Part-Time Application Change Request

P02

## Student Information (please print)

Student Number	Last Name/Family Name	Given Name(s)
Telephone	E-mail	Social Insurance Number

**Keep your information updated!** Make sure we have your current contact information by checking your **Personal information** on the **My Online Services** site: [myonlineservices.students.yorku.ca](http://myonlineservices.students.yorku.ca)

Use this form to report changes that have occurred since submitting your application. Once we have reviewed your application, we will advise you how these changes will affect your funding (this may take 6-8 weeks). Indicate the session to which these changes apply and attach this page as a cover sheet with your supporting documentation:

- Fall/Winter 2017-2018**     
  **Summer 2018**

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

<input type="checkbox"/> Course load reduced to ____ credits	<input type="checkbox"/> Course load increased to ____ credits	<input type="checkbox"/> Have withdrawn
<input type="checkbox"/> Changed my program of study to _____	Level of study <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
<input type="checkbox"/> Cancel my funding certificate of \$ _____	<input type="checkbox"/> Cancel my grant cheque of \$ _____	
<input type="checkbox"/> Cancel my application (reason) _____		

**Other changes:** provide complete information by including what is the change, how has it changed, the reason for the change and when did the change occur. **Changes can only be considered if you provide a complete explanation, sign and date all your letters and attach supporting documentation to substantiate your claim.**

I am attaching additional information.

I have given complete and true information on this form and understand that I am responsible to promptly notify Student Financial Services of any changes. I also understand that these changes may cause a reassessment and may result in an OSAP overaward.	
<b>Student's Signature</b> _____	<b>Date (dd/mm/yy)</b> _____

Protection of Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965*. This information is used to process your application and decide on your eligibility for the awards you indicate. Once an award has been granted, York University may disclose certain information to the donor of the award, provincial funding organizations and/or York University academic departments/Faculties and colleges, as set out. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.