Financial Aid Office
Office of the Registrar, Highland Hall 160
www.utsc.utoronto.ca/registrar
Email:askRO.utsc@utoronto.ca

202 - 202 Full Time (FT) OSAP

Request to Change M y Study P eriod

First Name Student #
Last Name Phone #

U of T Email Address @mail.utoronto.ca

Confirmation of Course Load for Netudy Period: I will be enrolled in

Income Received Beforeour New Study Period

Didyou receive income from Ontario Disability Support Program (ODSP) or Ontario Works (OW) in the month before the start of your study period? No • Yes

If yes, indicate the source of income:

Income Receive@uringYourNew

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