

202 – 202 Full Time (FT) OSAP
Request to Change My Study Period

First Name Student #
Last Name Phone #
U of T Email Address @mail.utoronto.ca

Confirmation of Course Load for **New** Study Period: I will be enrolled in

Income Received Before Your **New** Study Period

Did you 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 Received **During** Your **New**

