

955 Oliver Road Thunder Bay ON P7B 5E1 (807) 343-8500 Thunder Bay Campus: UC 1002

Orillia Campus: Simcoe Hall

OSAP EXTENSION FORM- Spring/Summer Term

Important Information:

Use this form if you had a full-time OSAP application in the 2019 fall or 2020 winter term and want to extend your funding into the spring/summer term. If you did not have a full-time OSAP application form you will need to complete a new application for the Spring/Summer term at ontario.ca/osap

Complete this form once you have registered for all of your courses. You must resubmit another extension form with all of your spring/summer courses listed if you add another course later. It is best to submit your extension form before your courses begin. Submissions after the start of courses will be considered; however funding may not be available due to the short course lengths and processing time.

Be as accurate as possible listing your income. Watch for the notice to update your income. It will come up quick!

Check your OSAP status online for your funding amount for the spring/summer study period. Any changes to your study period (add or drop courses) will be reflected in your assessment/funding amount.

To submit your extension form please email the form from your Lakehead email to studentcentral@lakeheadu.ca or drop off the completed form at Student Central. Feel free to stop in at Student Central and speak with a Student Central Professional if you have any questions.



Spring/Summer 2020 OSAP Internal Application

NAME :	STUDEN	STUDENT #	
LOCAL ADDRESS :			
All Courses <u>Must Be Applicab</u> Additional Qualifying Education		e for OSAP funding.	
I request financial assistance for SPRING SESSION	r the following courses and ses	sions:	
Course Title <u>Example</u> : Biology Basics	Course Number - Section BIOL 1112-SA	Length of Course Start End	
SUMMER SESSION Course Title	Course Number – Section	Length of Course Start End	
What is the GROSS income you your Spring/Summer courses (if GROSS income while attending Source of income is	f applicable): \$		
Would you like to receive grant for will be residing with my parents	9	mester: YES NO	
False information will result in funding.	າ repayment of OSAP assista	nce and/or denial of further	
Signature:	Date (dd/mm/y	Date (dd/mm/yy)	
OFFICE USE ONLY 0010	02 SPS SPE _		
TNFBET	550 555	620	
	DE	Par. SPInc	