

Request for Extension of 2023-2024 Full-time OSAP Application:



Fall to Winter -OR- Winter to Summer



Please ensure you have a full-time schedule for the additional term prior to submitting this form.

This EXTENSION form can be used to extend your OSAP application when ALL of the following requirements are met:

- You have already submitted and completed an OSAP application for the current academic year.
• Your OSAP Confirmation of Enrolment has been processed for the submitted original application.
• You plan to take at least 60% course load (40% course load for students with a permanent disability).



Application DEADLINE: no later than 40 days prior to your end of study date

This is to advise that I would require an extension of my OSAP. Please extend my OSAP file.

Select ONE only: Current Term: Fall [] -> Extension Term: Winter
Current Term: Winter [] -> Extension Term: Summer

Student's Last Name: _____ Student's First Name: _____

Seneca ID: []-[]-[] Campus: _____

Income Section: Must be completed (dollars only - do not show cents)

Current Term Program Name: _____

Current Term Study Period Income: Start Date: []/[]/[] End Date: []/[]/[]

- (i) Expect to earn more than \$5,600 during your study period: [] No [] Yes -> Amount: \$ _____
(ii) Bursaries, Scholarships and Awards (outside of Seneca): [] No [] Yes -> Amount: \$ _____
(iii) Government Income: [] No [] Yes -> Amount: \$ _____

Type of Government Income:
[] Employment Insurance [] WSIB [] Canada Pension Plan [] Ontario Works
[] Second Career [] Ontario Disability Support Income [] Other _____ Please specify

(iv) Do you have any dependent children under age 12? [] No [] Yes -> indicate childcare cost per child below:

1) Child's Name: _____ Amount: _____ 2) Child's Name: _____ Amount: _____

**Request for Extension of 2023-2024 Full-time OSAP Application:
Fall to Winter -OR- Winter to Summer**

Extension Term Program Name: _____

Extension Term Study Period Income: Start Date:

| | | |
|-------|-----|------|
| | | |
| Month | Day | Year |

 End Date:

| | | |
|-------|-----|------|
| | | |
| Month | Day | Year |

(i) Expect to earn more than \$5,600 during your study period: No Yes → Amount: \$ _____

(ii) Bursaries, Scholarships and Awards (outside of Seneca): No Yes → Amount: \$ _____

(iii) Government Income: No Yes → Amount: \$ _____

→ **Type of Government Income:**

Employment Insurance WSIB Canada Pension Plan Ontario Works

Second Career Ontario Disability Support Income Other _____
Please specify

(iv) Do you have any dependent children under age 12? No Yes → indicate childcare cost per child below:

1) Child's Name: _____ Amount: _____ 2) Child's Name: _____ Amount: _____

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I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Signature: _____ Date: _____