

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

Fall to Winter -OR- Winter to Summer

# Seneca



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: \_\_\_\_\_  
Month Day Year 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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## Fall to Winter -OR- Winter to Summer

Extension Term Program Name: \_\_\_\_\_

Extension Term Study Period Income: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Month Day Year 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 \_\_\_\_\_  
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(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: \_\_\_\_\_