

Request for Extension of 2025-2026 Full-time OSAP Application: Fall and 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.

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

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

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

Fall Program Name: _____

Fall 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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Winter Program Name: _____

Winter 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: _____

Summer Program Name: _____

Summer 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: _____