

## Request for Extension of 2023-2024 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: \_\_\_\_\_

# Request for Extension of 2023-2024 Full-time OSAP Application: Fall and Winter, to Summer

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: \_\_\_\_\_