



SUMMER 2025 OSAP CHANGE FORM

Please return this form and all applicable supporting documentation to:

Student Financial Services
Room 144, Wemple Building, King's University College

Fax: 519-963-0975

Email: studentfinance@kings.uwo.ca

Last Name :	First Name :
Student #:	Email:

****Please only complete the sections that have changed from your original application****

You must indicate all courses **previously enrolled** and all courses **currently enrolled**. This will allow us to properly assess your current course load. Please ensure you are registered and/or have dropped these courses prior to submitting this form.

<u>PREVIOUS Summer Course(s) and Session(s)</u> (Example: Psych 1000, 1.0 Intersession)	<u>CURRENT Summer Course(s) and Session(s)</u> Example: Writing 1020, Summer Day 0.5

Change in GROSS SUMMER EARNINGS:

	Amount	Source of Income		Amount	Source of Income
May:			July:		
June:			August:		

Change in CIRCUMSTANCES:

Should you wish to close your OSAP application, please submit a copy of your valid Government issued photo ID with this form

Student Signature_____

Date_____

OFFICE USE ONLY

Sent Online	Initials
<i>Details of Change</i> _____	