



Office of the Registrar
 Student Financial Aid & Scholarships
 1280 Main Street West
 Gilmour Hall – Room 120
 Hamilton ON, L8S 4L8
 Phone: (905) 525-9140, Ext. 24319
 Fax: (905) 521-9565

Last Name:	First Name:
McMaster Student ID#:	
McMaster Email:	
Program Name:	
Current Program Level:	Co-Op Program (<i>check one</i>) YES <input type="checkbox"/> NO <input type="checkbox"/>

What would you like to update? (check one):

- Mosaic Personal Profile
- OSAP for Full-Time Students
- OSAP for Part-Time Students
- Grant Only (No OSAP)

2017/18 SFAS CHANGE REQUEST FORM

EXPLAIN WHY THESE CHANGES ARE REQUIRED (THIS SECTION MUST BE COMPLETED)

REQUESTED CHANGES

- ___ Reduce my course load to _____ **units** in the fall term and/or _____ **units** in the winter term
- ___ Increase my course load to _____ **units** in the fall term and/or _____ **units** in the winter term
- ___ Change my status to withdrawn from University
- ___ Change my program of study to _____ and Level of study to _____
- ___ I am earning more than \$5,600 during one or more of my terms. In the explanation above, please list your total gross (before tax) income for each of your terms (ex. Fall = \$7,800, Winter = \$...etc.)
- ___ CLOSE my OSAP application (**not an option if you have already received funding*)
- ___ Change my Mosaic Online Aid Application Profile (provide explanation above)
- ___ Change my answer to **YES/NO (circle one)** for my funds to be paid directly to the school
- ___ Other...(explain above)

NOTE: Changes to parental information are not accepted on this form. Parents must submit a signed letter explaining all required changes. Parental income changes must include a copy of their CRA Notice of Assessment and a copy of their Federal Schedule 1

I have given complete and true information on the front & back of this form and understand that I am responsible to promptly notify the Office of Student Financial Aid & Scholarships of any financial, academic, family or status changes. I also understand these changes may result in a change to my OSAP entitlement.

Student Signature _____ Date _____