

OSAP SPRING/SUMMER TERM MODIFICATION FORM

Notice of Collection of Personal Information

In accordance with the *Freedom of Information and Protection of Privacy Act (Ontario)* and with University Policy 90, your personal information is collected under the authority of the *University of Ottawa Act, 1965*. Your personal information provided on this application form, in the required documentation and in all other communications related to your application and awarding of a scholarship and/or financial aid will be used by the University of Ottawa to assess, award, administer and finance all aspects of the scholarship and/or financial aid, for institutional planning and statistics, and for other related purposes. If you are successful in obtaining a scholarship and/or financial aid, the University may disclose your name, program, faculty, year of study and amounts obtained to the donor and/or make this information available publicly by posting it on the University's website.

If you have questions about the collection, use and disclosure of your personal information, please contact the University of Ottawa's Financial Aid and Awards Service at loansandawards@uOttawa.ca. For general questions about privacy, see the University of Ottawa's Policy 90 or contact the *University's Access to Information and Protection of Privacy Office* at aipo@uOttawa.ca or at 613-562-5800 ext. 1667.

My spring/summer study period is from

Year	Month	Day		

 to

Year	Month	Day		

STUDENT'S IDENTIFICATION				
Last name	First name	Middle name	Student no.	Date of birth

ACADEMIC UPDATE			
Added courses		Cancelled or dropped courses	
Course code	Number of units	Course code	Number of units

STUDY PERIOD INCOME UPDATE	
Please confirm your total gross income received from all sources during your study period:	
1. Government benefits received Specify type : _____	▷ _____ \$
2. Scholarships, bursaries, awards	▷ _____ \$
4. Total gross income from all other sources	▷ _____ \$

STUDENT'S DECLARATION AND SIGNATURE	
I declare that I have given complete and true information on this form.	
_____ Date	_____ Signature (Student)

AIDE-3220(E) PDF 2017/04