

OSAP For Micro-Credentials: Program Information

Information Provided by the Student:

First Name: _____ Program Name: _____
Last Name: _____ Program Dates: _____
Student Number: _____ Date of Birth: _____

Program Information:

Note: Program Information should only be submitted for programs approved for OSAP Micro-Credentials. The list of programs is available on [the OSAP website](#). Student does not need to be registered for their chosen program for this to be completed, if the details of their planned program are known. If the student is already registered we will use this confirmation to confirm enrolment for OSAP.

Name of Program: _____

Studying online or by distance education? Yes No

Program Start Date: _____

Program End Date: _____

Total Number of Hours (actual program hours required for completion): Click or tap here to enter text.

Tuition Costs: \$ _____

Book Costs: \$ _____

Additional Program Fees: \$ _____

Explanation of additional fees:

Registration Status:

- Registered
 Not yet registered

Staff Member Signature: _____

Staff Member Name: _____

Staff Member Job Title: _____