

ENROLMENT SERVICES

	Degree Student				
	Studying at				
	osts at the student's other institution of study if the course(s) s degree at the student's home university.				
	with a Letter of Permission (from the degree granting institution), to the where student is applying for OSAP, by uploading on the OSAP website				
To be completed by Student:					
Last Name	First Name				
Student No.	E-Mail Address				
Telephone #	Date of Birth				
Course Name	Course Name				
To be completed by Institution when Name of Institution	re the student attends school:				
Telephone Number					
Program Name					
Study Period Start Date	Study Period End Date				
Number of Weeks	Percentage of course load				
Tuition Fees	Compulsory Fees				
Books/Supplies					
Official Stamp: Name and Address of Institution					
	Financial Aid Officer's Name/Title				
	Signature				
	Data				
Remarks	Date				

University of Toronto, Enrolment Services 172 St. George Street, Toronto, Ontario Canada M5R 0A3 Phone: 416-978-2190 | Fax: 416-978-7022

osap.staff@utoronto.ca

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Attention:		
AUCHHOIL		