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OSAP Spring Semester Extension Form

If you are taking courses in the Spring semester and will be above 60% course load, either by hours or courses, please complete the information below and email this form to financialaidoffice@loyalistcollege.com for processing. You do not need to complete a new OSAP application if you already have one for the academic year.

Last Name: _____ First Name: _____

Loyalist Student #: _____ Loyalist Email: _____

Current Program, Year and Semester: _____

Spring Semester Program and # of Courses: _____

Other Changes to Application (income, bursary income, daycare costs, etc.) for new term or program dates, especially if changing from a September – April program to a January – August program. Please give a completed and detailed explanation, and if more information is needed, we will reach out to you by email.

I have given complete and true information on this form and understand that I am responsible to promptly notify the Financial Assistance Office of any changes. I also understand that these changes may cause a reassessment.

Student Signature: _____

Date: _____