ST. CLAIR COLLEGE

Financial Aid Office

OSAP INFORMATION CHANGE FORM

PLEASE CHANGE THE FOLLOWING:

- Please be SPECIFIC when identifying your change

I, _____, student number _____,

hereby inform the Financial Aid Office of the following changes to the information previously stated on my OSAP application.

_____ _____

SIGNATURE DATE

OFFICE USE ONLY:

INITIALS: _____ ONLINE: _____

COMMENTS:

_____

_____

Updated: May 2021 (jv)/