Financial Assistance

Upload to your online application at www.ontario.ca/osap

OR mail your completed form to the Mohawk College Fennell Campus

2021-2022 Change Request

III MOHAWK

Mohawk College
 Financial Assistance Department
 135 Fennel Ave W, Hamilton, ON L9C 0E5

Student Information (please print)	
Last Name/Family Name	Given Name(s)
E-mail	Term
_I ation up-to-date! Make sure we	e have your current contact information.
cation, we will advise you how these semester to which these changes ntation:	see submitting your application. Once we have se changes will affect your funding (this may take 6-8 apply and attache this page as a cover sheet with your
Fall/Winter Summer Cancellation of application (reason):	
my file to reflect that I wish to	accept grant funding only. ding what is the change, how has it changed, the reasor
ride complete information by includ when did it occur. Changes can onl	
ride complete information by includ when did it occur. Changes can onl	ding what is the change, how has it changed, the reaso y be considered if you provide a complete explanation
1	Last Name/Family Name E-mail ation up-to-date! Make sure we ort changes that have occurred sincation, we will advise you how these semester to which these changes attation: Fall/Winter

Review deadline

____ Date (dd/mm/yy) _

reassessment and may result in an OSAP over award.

Student's Signature ___