



Student Information (please print)			
Student Number	Last Name/Family Name	Given Name(s)	
Telephone	E-mail	Term	
Keep your inforr		l have your current contact information	
reviewed your app	lication, we will advise you how these e semester to which these changes a	e submitting your application. Once we ha changes will affect your funding (this man oply and attache this page as a cover shee	y take 6-8
	Fall/Winter	Summer	
Cancellation of a	pplication (reason):		
Please updat	e my file to reflect that I wish to	accept grant funding only.	
for the change and	when did it occur. Changes can only	ng what is the change, how has it changed be considered if you provide a complete cumentation to substantiate your claim.	
		I am attaching addition	al informati
notifiy Student Fin		n and understand that I am responsible to understand that these changes may cause	

Review deadline

_____ Date (dd/mm/yy) _

Student's Signature ____