



**STUDENT AWARDS AND FINANCIAL AID**  
 Ira G. Needles Hall (NH)  
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**2023-24 OSAP  
 Assessment Costs  
 Studies at another  
 Institution**

**Student Number**

**Last Name**

**First Name**

Attach a copy of the approved Letter of Permission form. Only courses for which a Letter of Permission has been approved are eligible to be included in your OSAP assessment.

**This section must be completed by the Financial Aid Office of the other institution**

**Academic Program**

Program Name

Study period start date

Program Year

Study period end date

Course Load (units)

**Course Code(s)**

(E.g., CS101, Phil202)

- |    |                |     |    |                 |
|----|----------------|-----|----|-----------------|
| 1. | OSAP Eligible: | Yes | No | number of weeks |
| 2. | OSAP Eligible: | Yes | No | number of weeks |
| 3. | OSAP Eligible: | Yes | No | number of weeks |

**Letter of Permission**

An approved Letter of Permission is on file with our institution    Yes                  No

**Total Costs**

Tuition

Compulsory Fees

Books/Supplies

Institution Name	Institution Stamp
Name of Authorized Officer	Authorized Officer Signature
Contact Details (email/phone)	Date Signed