



STUDENT AWARDS AND FINANCIAL AID
Ira G. Needles Hall (NH)
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2025-26 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