



UNIVERSITÉ
UNIVERSITY

Last Name / Family Name		Given Name(s)	
E-mail		Telephone	
Student Number	US Social Security Number	Social Insurance Number (if applicable)	

US Student Information Form

Please complete this form and drop it in the OSAP drop box located in the lobby of the Bennett Centre for Student Services (the building is open 24 hours a day); there is no need to wait in line.

Student Status	
I will be paying: <input type="checkbox"/> International Fees <input type="checkbox"/> Domestic Fees	I will be studying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Program of Study _____ Current Year of Study _____

Study Period Start Date (dd/mm/yy) _____ End Date (dd/mm/yy) _____

Anticipated Graduation Date (dd/mm/yy) _____ Course Load: _____ Credits

Check the following benefits that you anticipate receiving during your current study period.

- US Scholarship \$ _____
- US Bursary \$ _____
- Canadian Scholarship \$ _____
- Canadian Bursary \$ _____
- Tuition Fees Scholarship \$ _____
- Government Assistance \$ _____
- Employment Income \$ _____
- Other (specify): _____ \$ _____

Student's Signature _____ Date (dd/mm/yy) _____