Studies at Another Institution Form
Student Awards & Financial Aid Office | University of Windsor

Taking Courses at Another Institution for Credit Back to UWindsor (Studying on a Letter of Permission while attending UWindsor)

The OSAP Program may recognize educational costs at your other institution of study if the course(s) will be credited towards your University of Windsor degree. All courses taken must constitute not less than 60% of a full course load (40% for students with a permanent disability). *IMPORTANT:* A copy of your Letter of Permission must accompany this form. You must first submit an application to the Registrar's Office to take a course at another institution on a Letter of Permission. You WILL BE REQUIRED TO PROVIDE OUR OFFICE WITH A GRADE REPORT or TRANSCRIPT upon completion of these courses. Failure to do so will result in future OSAP/Out of Province funding being withheld.

Last Name: _____ **First Name:** _____

Student ID# _____

Phone Number: (_____) _____ - _____ **Email:** _____@uwindsor.ca

Please keep your address current on the Student Information System

SECTION A: TO BE COMPLETED BY STUDENT (Please Print Neatly)
PROGRAM OF STUDIES AT THE UNIVERSITY OF WINDSOR:
_
_____

SECTION C:
OTHER INSTITUTION TO COMPLETE ONLY UPON REQUEST BY THE UNIVERSITY OF WINDSOR AT COMPLETION OF TERM

COURSE NAME AT OTHER INSTITUTION:	COURSE#	COURSE COMPLETE: COMPLETED	NOT SUCCESSFUL	WITHDREW
		☐	☐	☐ ____/____/____ D M Y
		☐	☐	☐ ____/____/____ D M Y
		☐	☐	☐ ____/____/____ D M Y

Additional Information:

Student's Signature _____ **Date:** _____

If required, I agree to permit the host institution to release the details of the completion of the course(s) as listed in Section A to a representative of the Financial Aid office at the University of Windsor.

SECTION B: TO BE COMPLETED BY OTHER INSTITUTION

First Day of Classes: _____/_____/_____ (Day / Month / Year) **Last Day of Exams:** _____/_____/_____ (Day / Month / Year)

_____% (% of Course Load) _____ (# of Weeks) $_____ (Tuition) $_____ (Fees) $_____ (Book Allowance)

_____ (Name of Institution) (_____) _____-_____ (Phone Number) (_____) _____-_____ (Fax Number)

_____ (Street Address) _____ (City) _____ (Prov.) _____ (Postal Code)

X_____ (Official's Signature) _____ (Phone Number) _____ (Date)

The University of Windsor is committed to the protection of privacy and confidentiality of all its constituents. The information collected in this process is collected under the authority of the University of Windsor Act, 1962 and is collected for the purposes of administering the Ontario Student Assistance Program (OSAP) on behalf of the Ministry of Training, Colleges & Universities and any other need-based financial assistance as administered by the University of Windsor. If you have any questions about the collection of information or the uses to which it will be put, please direct your questions to the Director, Student Awards & Financial Aid, 401 Sunset Ave. Windsor, ON N9B 3P4