

# Student Awards & Financial Aid Office | University of Windsor

## Studies in a University of Windsor Collaborative or Concurrent Program Form

If you are registered in a University of Windsor Collaborative or Concurrent Education program with St. Clair or Lambton College please complete this form. Students who transfer from either St. Clair or Lambton College for their 3<sup>rd</sup> and 4<sup>th</sup> year of the Nursing program are typically required to return to their respective college for their final term of study as a full-time student (taking 60% or more of a full course load). Students in Year 4 Nursing returning to St. Clair or Lambton College for their final term should be applying for OSAP assistance at the University of Windsor for FALL ONLY and then applying to the college for WINTER only. Therefore, this form is NOT required.

Last Name: \_\_\_\_\_ SIN# \_\_\_\_\_

First Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_@uwindsor.ca

Be sure to keep your address current on the Student Information System.

**Important:** If you are studying in a Concurrent Education program and you are requesting OSAP assistance, please have the college's Financial Aid Office complete this form. You are also required to forward a copy of your registration at the college in each semester of study that you are requesting OSAP funding. As well, 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 funding being withheld.

### Section A: TO BE COMPLETED BY STUDENT (Please Print Neatly)

Program of Studies at *University of Windsor*: \_\_\_\_\_

Course name at other institution: \_\_\_\_\_ Course number at other institution: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Section B: TO BE COMPLETED BY OTHER INSTITUTION

First Day of Classes: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day of Exams: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year Day Month Year

\_\_\_\_\_% # of Weeks \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
% of Course Load Tuition Fees Book Allowance

\_\_\_\_\_  
Name of Institution Phone Number Fax Number

\_\_\_\_\_  
Address City Prov. Postal Code

X \_\_\_\_\_

Official's Signature

\_\_\_\_\_  
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