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Change Request

	Student Information	(please print)
Student Number	Last Name/Family Name	Given Name(s)
Telephone	E-mail	Social Insurance Number
	up-to-date! Make sure we have your current contact udents website at http://www.registrar.yorku.ca/myo	information. Visit Change my address and contact information Inlineservices
advise you how these ch		lication. Once we have reviewed your application, we will eks). Indicate the session to which these changes apply and
	Fall/Winter 2016-2017	Summer 2017
Cancellation of applic	ation (reason):	
Please update m	ry file to reflect that I wish to accept grant fu	nding only.
•	• •	ange, how has it changed, the reason for the change and wher
	ion to substantiate your claim.	miplete explanation, sign and date all your letters and atta
-		
		I am attaching additional information.
-	and true information on this form and understand thunderstand that these changes may cause a reassess	at I am responsible to promptly notify Student Financial Services ment and may result in an OSAP over award.
Student's Signature		Date (dd/mm/yy)

Protection of Privacy: Personal information in connection with this form is collected under the authority of The York University Act, 1965. This information is used to process your application and decide on your eligibility for the awards you indicate. Once an award has been granted, York University may disclose certain information to the donor of the award, provincial funding organizations and/or York University academic departments/Faculties and colleges, as set out. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.