

# QUEEN'S UNIVERSITY STUDENTS STUDYING AT ANOTHER INSTITUTION

*The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used by the Office of the University Registrar to take action on your OSAP account as per your request as identified on this form. For more information, please contact the Office of the University Registrar, Student Awards, Queen's University, Gordon Hall. Telephone: (613) 533-2216.*

A student applies for OSAP assistance through the post-secondary institution where they pay the majority of tuition/fees. However, a Queen's student may be taking courses at another post-secondary institution in addition to their course enrolment at Queen's University. In order for these courses to be included as part of a student's OSAP assistance, the courses must be credited toward the student's Queen's degree. The following documentation must be provided to the Student Awards Office, Queen's University:

- Completed "Queen's University Students Studying at Another Institution" form.
- A photocopy of the student's Queen's Letter of Permission approving each course identified below.

**Once you have completed the course(s) at the "other institution", you will be required to provide:**

- A photocopy of a transcript from the "other" institution that clearly shows the course grade for each course approved.

<b>NAME:</b>	
<b>QUEEN'S STUDENT #:</b>	<b>STUDENT # AT HOST INSTITUTION:</b>
<b>COURSE INFORMATION:</b>	
1.	2.
3.	4.

**TO BE COMPLETED BY HOST INSTITUTION:**  
*Please note: By completing this form you are confirming the above student is registered at your institution and enrolled in the course(s) outlined above*

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**PROGRAM** \_\_\_\_\_

\$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_  
**TUITION FEES**                      **COMPULSORY FEES**                      **BOOKS/SUPPLIES**

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**NUMBER OF WEEKS** \_\_\_\_\_                      **% OF A FULL COURSE LOAD** \_\_\_\_\_

Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_                      Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_  
**(First Day of Classes)**                      **(Last Day of Exams)**

**OFFICIAL STAMP**  
Name and Address of Institution \_\_\_\_\_

\_\_\_\_\_  
**NAME/TITLE OF OFFICIAL** (please print)

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**                      **TELEPHONE**