

The personal information collected on this form is collected under the legal authority of the *Royal Charter of 1841*, as amended. The personal information collected on this form will be used to confirm your eligibility for this award.

**Queen's University School of Graduate Studies  
2016-2017 ONTARIO GRADUATE SCHOLARSHIP (OGS) PROGRAM  
ACCEPTANCE FORM**

<b>PERSONAL DATA</b>		
Surname:	Given Name(s):	Queen's Student ID
Permanent Address:		Queen's Email Address
		Telephone Number
<b>ACADEMIC PROGRAM DATA</b>		
Name of Department/Program: _____		
Degree Program: <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral		
REQUESTED START DATE of AWARD <input type="checkbox"/> SEPTEMBER 2016 <input type="checkbox"/> MAY 2016*		
*permitted ONLY for students registered full time in degree program and department/program named above, effective May 1, 2016- April 30, 2017.		
Study Status, 2016-2017: <input type="checkbox"/> FULL TIME		
<b>CONFIRMATION OF ELIGIBILITY VERIFICATION AND REPORTING BY QUEEN'S UNIVERSITY</b>		
<p><b>I confirm that I understand that</b>, before I can receive the 2016-2017 OGS, the School of Graduate Studies at Queen's University must verify that I am eligible to hold OGS in the academic year 2016-2017. The School of Graduate Studies at Queen's University will verify that:</p> <p>1. I am or will be enrolled as a full time student for at least two sequential terms of 2016-2017 in the graduate program that nominated me for the 2016-2017 OGS; AND</p> <p>2. I am a Canadian citizen, <b>or</b> Permanent Resident of Canada, <b>or</b> a Protected Person [under subsection 95(2) of the Immigration and Refugee Protections Act (Canada)] <b>OR</b> I am an international student studying in Ontario under a temporary resident visa - student study permit, under the <i>Immigration and Refugee Protection Act (Canada)</i>.</p> <p><b>I confirm that I also understand that:</b></p> <p>3. Queen's University is required by the Ministry of Training, Colleges and Universities (MCTU) to make reports to the MCTU of my contact information, the amount of OGS I receive, and information related to my program of study AND</p> <p>4. If I hold, apply for or have applied for any funding under the Ontario Student Assistance Program (OSAP), my OSAP information will be updated to reflect that I am a 2016-2017 OGS recipient.</p>		
<b>CONFIRMATION OF OSAP RESTRICTION CHECKING AND ACTION TAKEN BY QUEEN'S UNIVERSITY</b>		
<p><b>I confirm that I understand that</b>, before I can receive the 2016-2017 OGS or any installments of it, Queen's University must verify that I am in good standing with OSAP if applicable. I am deemed to be in good standing if there are currently no restrictions on my OSAP account. If an OSAP restriction is found, I understand I must receive clearance from the Ontario Student Financial Assistance Branch and/or the Canada Student Loans Plan, before Queen's University will release my 2016-2017 OGS. I further understand that if the restriction is not cleared by December 31, 2016, Queen's University may revoke my 2016-2017 OGS.</p>		
<b>STUDENT DECLARATION</b>		
<p><b>I hereby declare that all information on this form is true and complete in every respect. I understand that I may be required to repay all or part of this scholarship, if the information is found to be inaccurate. I understand that I will be required to repay all or part of this scholarship if I change my status from full time in 2016-2017, OR withdraw from the program that nominated me and/or from Queen's University in 2016-2017, OR if for any reason I cannot hold the award for at least two sequential academic terms of 2016-2017. My signature below means I accept this award for the academic year in which it is granted, and I accept all terms and conditions of the funding.</b></p>		
Student Signature: _____		Date: _____

The University administers the OGS Program under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended. If you have any questions about the collection or use of your personal information by MCTU, contact the Director, Student Financial Assistance Branch, Ministry of Training, Colleges and Universities, P.O. Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.