

# Student Financial Services OSAP Inquiry Course Drop Form

This form authorizes joint consent between the Student Financial Services office and the student signatory.

This form confirms you are in receipt of OSAP funding and need to drop a course(s) during the semester that you are enrolled in. You must first inform the SFS staff that you wish to drop a course(s) and then fill in the information below to determine what impact this will have on your OSAP.

The Student Financial Services staff will calculate the student course load and discuss the outcome with you.

**Disclaimer: This form cannot be used as substitute for the official Centennial College Request for Academic Change DROP/ADD form. You will still need to consult with your Success Advisor to discuss results of dropping your course(s).**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Program Name and Code Student Number

**Current College Status:**  Full-time  Part-time

**Current Course Load:** \_\_\_\_\_

**Calculation:**

Study Period: \_\_\_\_\_ Classification: \_\_\_\_\_

Course Code: \_\_\_\_\_ Course Code: \_\_\_\_\_

(FAID SCHED ACTUAL) \_\_\_\_\_ / (FAID SCHED MAX) \_\_\_\_\_ =  %

**Impact on OSAP:**

Probation  Loan Overpayment  Grant Conversion to Loan  Restriction  No Impact

**Student Declaration:**

- I understand that the information provided on this form is only to be used to calculate my course load percentage based on the potential dropped course(s) above and how will it impact my OSAP funding, if I proceed to drop the course(s).
- I understand that this form cannot be used to officially drop my course(s) from the College's database and that I will need to complete a Centennial College Request for Academic Change DROP/ADD form with my Success Advisor, and submit the completed form to Enrolment Services for processing.

\_\_\_\_\_  
Student Name\* Date

SFS USE ONLY	
_____	_____
SFS Name*	Date

\*This serves as (your official) signature.