

Purpose

You may request an exceptional circumstances review if the following applies to you:

- You withdrew fully or partially from studies after receiving full-time OSAP funding.
- You had to withdraw because of an exceptional circumstance beyond your control.
- One or more of the following is the result of your withdrawal:
 - You have an OSAP overpayment in your current study period.
 - You have an overpayment from previous year and/or an overpayment restriction preventing you from receiving OSAP funding.
 - Your OSAP grants have been, or will be, converted into loan.

If the review is approved, you may be eligible for future OSAP funding. Any previous grants that were converted to a loan may be stopped or reversed.

Note: The exceptional circumstances review does not waive the requirement for parental and spousal prior year income (as applicable) to be verified.

Definition: Exceptional circumstances

The ministry considers an exceptional circumstance to have occurred if:

- There has been an unexpected event that is beyond your control.
- The outcome of the event prevents you from performing the daily activities necessary to attend postsecondary studies.
- Typically, these events would be considered rare and/or catastrophic, and often require an extended period of recovery or stabilization. The severe worsening of a pre-existing situation or condition would also be considered for an exceptional circumstance review. Routine life events are not generally considered eligible for an exceptional circumstances review.

The following are examples of exceptional circumstances:

- An event that seriously aggravates or causes a relapse to an existing disability or medical condition. For example, where an extended period is required to stabilize a medical condition.
- Mental health crisis that requires an extended period of medical intervention or emergency hospitalization, or an extended period of recovery/stabilization and treatment.
- The impact of a new or worsened disability or medical condition which required the student to take immediate and extensive actions to manage their health.
- Serious injury or surgery that results in hospitalization and/or an extended period of rest or recovery.
- Complications relating to pregnancy requiring medical intervention and extended rest or recovery, or inability to participate in program components.
- Unexpected parental leave related to the premature birth of a child or care of a dependent child with a disability or medical condition (that is a new disability or condition or existing disability or condition that has worsened).
- Unexpected loss of housing due to fire, flood, etc., which results in an extended disruption.
- Unexpected leave due to family circumstances, such a requirement to care full-time for a parent, spouse or sibling with a disability or medical condition that is new or worsened.

Required documents

You must provide documentation to support your review. See Section C: Required documents for information on the documentation you must provide.

How to submit this form

You can upload your completed form and required documents online. Log into your OSAP account at Ontario.ca/osap. Go to your application to use the “Print/Upload” option. You can also submit a paper copy as follows:

If you’re going to a school in Ontario:

Send the completed form and all required documents to your school’s financial aid office.

If you’re going to school outside of Ontario:

Send the completed form and all required documents to:

Exceptional Circumstance Review
Student Financial Assistance Branch, Ministry of Colleges and Universities
PO Box 4500, 189 Red River Road, 4th Floor
Thunder Bay, Ontario P7B 6G9

Deadlines

The deadline that applies to you depends on the reason(s) you are submitting the review:

- **If you are requesting OSAP funding for your current study period:**
Your completed form and all required documents must be received no later than 40 days before the end of your current study period.
- **If the only reason you are requesting an Exceptional Circumstance Review is because OSAP grants that you received in a previous study period have been, or will be, converted to loan:**
Your completed form and all required documents must be received no later than 24 months after the end of the study period for which you received the grants. The end of the study period is the date you withdrew from studies.

Getting help

If you’re going to a school in Ontario:

Contact the financial aid office at your school.

If you’re going to a school outside of Ontario:

Contact the ministry at:
Student Financial Assistance Branch
Ministry of Colleges and Universities
PO Box 4500
189 Red River Road, 4th Floor
Thunder Bay, Ontario P7B 6G9

General inquiry telephone service is available Monday to Friday
8:30 AM – 4:30 PM (Eastern Time)
Telephone: 807-343-7260
Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411
TTY: 1-800-465-3958

Section A: Student's information

Social Insurance Number:

Ontario Education Number (OEN), if assigned to you:

Last name:

First name:

Student's mailing address

Street number and name, rural route, or post office box:

Apartment:

Street number and name, rural route, or post office box:

Province or state:

City, town, or post office:

Postal code or zip code:

Country:

Area code and telephone number:

Section B: Review request

1. Why are you submitting this review? Check all that apply.

- I have an OSAP overpayment in my current study period.
- I have an overpayment from previous year and/or overpayment restriction preventing me from receiving OSAP funding.
- My OSAP grants have been, or will be, converted into loan.

2. What were the exceptional circumstance(s) that caused you to withdraw fully or partially from postsecondary studies? (check all that apply):

- An event that seriously aggravates or causes a relapse to an existing disability or medical condition.
- A diagnosis of a new disability or medical condition.
- A serious injury or surgery.
- An unexpected parental leave.
- An unexpected loss of housing (such as from a fire, flood).
- An unexpected leave due to a family crisis.
- Other – specify: _____

3. What school were you attending when the exceptional circumstance(s) occurred?

4. When did you withdraw from full-time or part-time postsecondary studies?

If there are multiple time periods involved, provide the additional time periods on a separate sheet and include it with this form.

From:

Day Month Year

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To:

Day Month Year

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5. Did you have to provide full-time care to a dependent family member as a direct result of the exceptional circumstance(s)?

- Yes – Provide details about this person in question 6 and 7. They must sign Section D.
- No – Go to Section C.

6. Details about dependent family member:

First name:

Last name:

Date of birth:

Day Month Year

_____|_____|_____

7. How are you related to the dependent family member?

- My child
- My spouse
- My parent
- Other family member. Specify: _____

Section C: Required documents

You must provide documentation to support the exceptional circumstance(s) you indicated on this form. There are documents you must provide (mandatory) and additional documents that may be required based on your specific situation. If you have questions about documentation requirements, contact your financial aid office for help. Your request will not be considered if it is incomplete.

The following documentation is mandatory:

- A signed and dated letter from you or someone else who is knowledgeable about your exceptional circumstances.**

The letter must include:

- A detailed description of the circumstances, including why they were exceptional and beyond your control.
- An explanation of how the circumstances prevented you from attending postsecondary studies.
- A timeline of events for these circumstances, including specific dates or months where possible.

If a letter from you is not available and the letter is from someone other than yourself (e.g. your parent, grandparent, other representative, etc.) the letter must include the following:

- The person's full name and relationship to you.
- Their telephone number and address.
- Brief explanation of why you are not submitting the letter.
- If possible, you should provide written acknowledgement that someone is submitting this letter on your behalf and disclosing event details.

- A signed and dated letter of support from other appropriate third-party professional(s)**
The professional must have been directly involved with or aware of the circumstance (e.g. physician/other regulated health care professional, police, social worker, counsellor, lawyer, as applicable).

The following documents are required if they apply to your situation:

- Medical documentation (if applicable)**

Documentation from a physician or other regulated health care professional (including contact information for the physician/health care professional) confirming the circumstance, how it impacted your ability to attend postsecondary studies, and the specific time period where you were unable to attend postsecondary studies.

- Police reports, court documents, insurance claim documents (if applicable)**

- Proof of legal authorization (if applicable)**

If someone has legal authority to act on behalf of your dependent family member listed in question 6 in Section B, you must provide proof of that person's legal authorization to do so, such as their Power of Attorney for Personal Care.

Institutional Accommodations (if applicable)

Documentation from the institution confirming whether an institutional accommodation (retroactive withdrawal) was made for you, and any academic accommodations and/or financial accommodations that were requested and/or granted.

The institution should provide the timeline for when these were requested by you and when they were approved or denied by the institution.

If you have experienced a relapse to an existing medical disability or medical condition, documentation is required from the institution describing how the school will support and/or accommodate you in your current study period.

The ministry may request additional documentation as applicable.

Section D: Consent and declaration of dependent family member

If the dependent family member identified in question 6 in Section B is 16 years of age or older, they must sign this declaration. If the dependent family member is unable to sign this declaration, it must be signed by someone who has the legal authority to act on behalf of that person.

I understand that information about my medical condition is relevant to the determination of the student's eligibility for an exceptional circumstances review. I agree to provide any additional supporting documentation that the ministry may require.

I have read and understand this application form and have read and understand the Notice of Collection and Use of Personal Information on the student's most recent OSAP Application for Full-Time Students, and I consent to the indirect collection, use, and disclosure of my personal information.

Note: if you are completing this form electronically, use the "Fill & Sign" feature in Adobe Reader or your PDF program to add your signature.

Signature:

Date:

Day Month Year

Signature of authorized representative with legal authority:

Date:

Day Month Year

Section E: Student declaration

- I have given complete and true information on this form.
- I understand that I am responsible for providing all required supporting documentation as indicated on this form or as directed by my financial aid office or the ministry.
- I understand that if my application is reassessed based on the information I have provided for this review it may affect my eligibility and the type and amount of financial assistance I may receive.
- If I received financial assistance in excess of my entitlement, I will be responsible for the repayment of the amount of excess financial assistance received and I acknowledge that any future amount of financial assistance I am entitled to receive may be reduced by the amount owed.
- I understand that any grants that I receive may be converted into loans if I do not meet the terms and conditions of the Ontario Student Grant in the Ontario Student Grants and Ontario Student Loans Regulation under the *Ministry of Training, Colleges and Universities Act* and the terms and conditions of the Canada Student Grant in the Canada Student Financial Assistance Regulations under the *Canada Student Financial Assistance Act*.
- I understand that I am bound by the Declarations I signed on my 2021-22 OSAP Application for Full-Time Students.

Note: if you are completing this form electronically, use the “Fill & Sign” feature in Adobe Reader or your PDF program to add your signature.

Signature of student:

Date:

Day Month Year

Your personal information will be used to administer and finance the Ontario Student Assistance Program (OSAP) as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario P7B 6G9; 807- 343-7260.