Confederation
COLLEGE

REQUEST FOR REDUCED TUITION DEPOSIT

Student Number:_____ Name: _____

Email: _____ **Student will be contacted via email once form is reviewed**

Program: _____

Student Signature: _____ Date:_____

Requests will only be considered for those students who have applied to OSAP.

Please check the applicable box below:

- ☐ Ontario Works
- ☐ Crown Ward
- ☐ Ontario Disability Support Program

IF YOU DO NOT FALL UNDER ONE OF THE ABOVE CATEGORIES, PLEASE PROVIDE AN EXPLANATION BELOW WITH SUPPORTING DOCUMENTATION.

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OFFICE USE ONLY *REVIEWED BY:*_____

APPROVED _ DENIED _ *AMOUNT:*_____