

Purpose

You may request a Special Exceptional Circumstances Review if you withdrew fully or partially due to COVID-19 as of January 25th, 2020 **and** one of the following applies:

- You were ill, self-isolating or quarantined.
- caring for an immediate family member (including spouse, parent, or child).
- Experienced mental health issues (as a result of the COVID-19 pandemic).
- Inability to participate in studies due to the change in course delivery (online format).

And 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 restriction preventing you from receiving OSAP funding.
- Your OSAP grants have been, or will be, converted into loan.
- You have been placed on academic probation/restriction

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.

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](https://ontario.ca/osap). Go to your application to use the "Print/Upload" option. You can also submit an electronic copy to fin.aid@sheridancollege.ca.

Deadline

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 OSAP funding. The end of the study period is the date you withdrew from studies.

Section A: Student's information

Social Insurance Number:

Sheridan Student Number:

First Name:

Last Name:

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.

My OSAP grants have been, or will be, converted into loan.

I have an overpayment restriction preventing me from receiving OSAP funding.

I have been placed on academic probation/restriction

2. What were the COVID-19-related circumstances that prevented you from attending studies? (check all that apply):

I was ill, self-isolating or quarantined

I was caring for an immediate family member (including spouse, parent, or dependent)

I experienced mental health issues as a result from COVID-19

I withdrew because of the change in course delivery to an online format

Other – specify:

3. When were you prevented from attending postsecondary studies?

From (dd/mm/yyyy):

To (dd/mm/yyyy):

4. Did you have to provide full-time care to a dependent family member as a direct result of COVID-19?

Yes – Provide details about this person in question 5 and 6. They must sign Section D.

No – Go to Section C.

5. Details about dependent family member:

First name:

Last name:

Date of birth (dd/mm/yyyy):

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

My child

My spouse

My parent

Other family member. Please specify:

Section C: Required documents

- A letter of attestation* from the student that identifies the COVID-19 measures taken and for whom. The attestation must include the dates the student was impacted resulting in their full or partial withdrawal from studies.

**A letter that is written or signed to confirm a statement, action or behavior. The writer is certifying (attesting) that they personally witnessed or know something to be true.*

Section D: Consent and declaration of dependent family member

If the dependent family member identified in question 5 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 this special exceptional circumstance 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.

Signature

Date (dd/mm/yyyy):

Signature of authorized representative with legal authority

Signature

Date (dd/mm/yyyy):

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 2019-20 OSAP Application for Full-Time Students.

Signature

Date (dd/mm/yyyy):