

**GRADUATE STUDENT REQUEST FOR FINANCIAL ASSISTANCE**

Last Name

First Name

Student ID #

Program

Department / School

This form is to assist you if you are experiencing financial difficulty and is intended to be used in the order of assistance listed. Please fill out and obtain the appropriate signatures in each section.  
Reason for requiring financial assistance:

Amount Required

**1. My advisor is able to assist me.**

☐

Yes, funding is available in the amount of

☐

No, funding is not available because

Signature of Advisor:

**2. I and/or my advisor have spoken to the Grad Coordinator/Chair of the Department.**

☐

Yes, funding is available in the amount of

☐

No, funding is not available because

Signature of Advisor:

**3. I have spoken to the Associate Dean Research & Graduate Studies in my college.**

☐ Yes, funding is available in the amount of

☐ No, funding is not available because

Signature of Advisor:

**4. I have applied for need assistance.**

(Canadian citizens and permanent residents apply through Student Financial Services and International students apply through the International Student Advisor).

☐ Yes, funding is available in the amount of

☐ No, funding is not available because

Signature of Advisor:

**5. Please select one:**

☐ Yes, I have applied for OSAP or another Provincial/Federal Loan assistance and will be receiving

☐ No, I do not qualify for OSAP or another Provincial Assistance for the following reasons

Signature of Advisor:

**6. Requested amount from the Office of Graduate Studies:**

Student Signature

Date