



Office of Graduate Studies

Graduate Student Request for Financial Assistance

Last Name: _____ First Name: _____
Student ID: _____ Degree 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:

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

Student Signature: _____