

## Office of Graduate Studies

## **Graduate Student Request for Financial Assistance**

Last Name: Student ID: Department/School:	First Name: Degree Program:
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 as	ssistance:
	Amount Required:
<ol> <li>My advisor is able to assist r</li> <li>Yes, funding is available</li> </ol>	<b>ne.</b> able in the amount of:
No, funding is not a	vailable because:
Signature of Ad	visor:
_	oken to the Grad Coordinator/Chair of the Department. able in the amount of:
No, funding is not a	vailable because:
Signature of Ad	visor:
	ate Dean Research & Graduate Studies in my college.  able in the amount of:
No, funding is not a	vailable because:
Signature of Ad	visor:
apply through the Internatio	anent residents apply through Student Financial Services and International students
No, funding is not a	vailable because:
Signature of Ad	visor:
<ul><li>Flease select one:</li><li>Yes, I have applied f</li></ul>	or 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	e Office of Graduate Studies:

**Protection of Privacy:** We are committed to protecting your privacy. Personal information is collected under the authority of the University of Guelph Act and pursuant to the *Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have questions about the use and disclosure of your personal information, call the <u>Office of Graduate Studies</u> at (519) 824-4120 ext. 56833. You can also find more information about access to information and protection of privacy at the University of Guelph from the <u>University Secretariat</u>.