

SUBMIT COMPLETED FORM ONLINE THROUGH YOUR OSAP PORTAL (OSAP.CA)

First Name:	Last Name:
Student No.:	Brock email:

For OSAP purposes, the federal government defines a **permanent disability** as a functional limitation that is:

- caused by a physical or mental impairment;
- that restricts a student's ability to perform the daily activities necessary to participate in studies at the post-secondary level or the labour force; and
- is expected to remain with the student for their whole life.

1. Do you want to self-identify as a student with a disability (either permanent or temporary)?

- Yes (proceed to question 2)
- No

2. Choose one of the following statements that best describe your disability status.

- Temporary
- Permanent: results in functional limitations that impacts your ability to perform daily activities necessary to study at the post-secondary level and is expected to remain for their lifetime. See definition above.

I, _____, understand that a student with a permanent disability must maintain a 40% course load (1 credit per semester) and a student without a permanent disability must maintain a 60% course load (1.5 credits per semester).

Signature

Date (DD/MM/YY)