



Advanced Education and Literacy

Manitoba Student Aid
 401 – 1181 Portage Avenue, Winnipeg, Manitoba R3G 0T3
 T: 204 945-6321 F: 948-3421
 www.manitobastudentaid.ca

Student's Name: _____ Social Insurance Number _/~/~/~/~/~/~/~/~/

REQUEST FOR REVIEW

Manitoba Student Aid must reassess your application for any of the changes listed below. Please check the appropriate box and give details. An adjustment to your award will be considered if all required information is provided and if the claim is an allowable expense. Please allow five weeks for processing your request.

1. CHANGE IN COURSE LOAD

<i>Course Load Percentage</i>	Effective date of change:
From: _____% To: _____%	
<i>Credit Hours</i>	yyyy/mm/dd

2. CHANGE OF PROGRAM

<i>Name of Program</i>
From: _____ To: _____

3. CHANGE OF INSTITUTION

<i>Name of Institution</i>	
From: _____ To: _____	
<i>Out of Province institution information</i>	Student Number: _____
Address of institution	
_____	Books & supplies \$ _____
_____	Tuition: \$ _____
_____	Compulsory fees: \$ _____

4. CHANGE OF STUDY PERIOD (if the new study period start date differs from the previous one by four weeks or more, you are required to submit a new application)

<i>Changed from</i> (yyyy/mm/dd)	
Start Date: _____	End Date: _____
<i>Changed to</i> (yyyy/mm/dd)	
Start Date: _____	End Date: _____



