



www.ocadu.ca
Office of the Registrar
230 Richmond St. W., Level 5, Toronto, ON Canada M5V 3E5
TELEPHONE: 416.977.6000, ext. 235 FACSIMILE: 416.977.4201
EMAIL: regservices@ocadu.ca

Application for Reinstatement

\$200 fee must accompany application

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and not released to any other parties.

Last Name		First Name		Former Name		Student Number
Apt #	Number and street name		City		Province	Postal Code
Home Phone		Mobile Phone			Email	
Date of Birth (YYYY/MM/DD)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another Gender Identity			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit						
Country of Citizenship if not Canadian: _____ Date of Landing (YYYY/MM/DD): _____ Date of Entry (YYYY/MM/DD): _____						

Reinstatement requested to:		Request to begin studies in:	
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma		Year: _____	
Faculty: _____		Session: <input type="checkbox"/> Fall/Winter <input type="checkbox"/> Spring/Summer	
Major/Program: _____		Deadline: February 3, 2023 Deadline: November 3, 2023	
		Requested Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

Please give a brief outline of your activities during your absence from OCAD U, and your reasons for requesting reinstatement. If you have attended any other educational institutions during your absence, please complete the Request for Transfer of Credit form to be submitted with your Application for Reinstatement. Transfer of Credit requests will only be considered at the time of readmission. Official transcripts and course syllabi must be sent directly to the Office of the Registrar.			

I hereby certify that all statements on this form are correct and complete including my declaration of citizenship and immigration status. I understand that misrepresentation of this data may result in my reinstatement to or registration in the university being rescinded.			
 _____		Student Signature _____ Date _____	
Received by: _____		Date: _____	Fees Owing: _____ Library: _____

OFFICE USE ONLY

Year last attended: _____

Session (FW or SU): _____

Faculty: _____

Major/Program: _____

Last academic status:

 Good standing Probation Withdrawn**Dean/Designate's Recommendation**Portfolio Interview Required: Yes No If yes, interview date: _____Reinstatement Approved: Yes No If yes, effective date: _____

Conditions:



Name, Dean/Designate

Signature

Date

Office of the Registrar Approved DeniedEffective: Fall/Winter 20 _____ Spring/Summer 20 _____

Signature, University Registrar

Date

Date Sent to Faculty Office:

Date Received:

Application for Reinstatement

METHOD OF PAYMENT

Payment for the above request will be made through a secure form made available to your student email address by the OCAD University Finance Office (Student Accounts). *Acceptable forms of payment include American Express, MasterCard, Visa, Visa Debit, or Mastercard Debit.* By submitting this form, I agree to be charged the above indicated amounts and acknowledge and authorize the use of this process.

Student Signature

Date

If you do not have an active student email address, please place the credit card holder's information below. This will only be used if your student email account is no longer active (i.e., you have not registered for study since May 2015).

Cardholder Name (please print)

Email Address (please print)

OFFICE USE ONLY

Date _____

Student Number _____

Student Name _____

Application fee

Total Amount: \$200.00