



[www.ocadu.ca](http://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](mailto:regservices@ocadu.ca)

# Application to Transfer to Degree Program

\$100.00 fee must accompany application (non-refundable)

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.

**NOTE: Official documents and records will not be released if you have any outstanding accounts at the university. Transfer of credit requests must be submitted at the same time as the application to Transfer to Degree.**

Last Name:	First Name:	Former Name (if applicable):	OCAD U Student Number:
Apt. / Unit #:	Apt. / Unit #: Street Name and Number:	City / Province:	Postal Code:
Mobile Phone Number:	Personal / Other Phone Number:	Personal Email:	Major / Program:

Student Signature

Date

## OFFICE USE ONLY

Office of the Registrar

Approved, effective: \_\_\_\_\_

Denied

Eligibility check:

- Minimum 60% overall average
- Minimum 5.0 credits completed

Signature, University Registrar

Date

Received by:	Date Received:	Fees Owing/Holds:	Date Processed:
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# Application to Transfer to Degree Program

## 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.

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Student Signature

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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 This will only be used if your student email account is no longer active (i.e., you have not registered for study since May 2015).

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Cardholder Name (please print)

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Email Address (please print)

## OFFICE USE ONLY

Student Name: \_\_\_\_\_

OCAD U Student Number: \_\_\_\_\_

Date: \_\_\_\_\_

Application fee

Total Amount: \$100.00