



www.ocadu.ca
Office of the Registrar
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EMAIL: 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: | |
| <div style="display: flex; justify-content: space-between;"><div>_____ Student Signature</div><div>_____ Date</div></div> | | | | | | | |
| OFFICE USE ONLY | | | | | | | |
| <p>Office of the Registrar <input type="checkbox"/> Approved, effective: _____ <input type="checkbox"/> Denied</p> <p>Eligibility check:</p> <p><input type="checkbox"/> Minimum 60% overall average</p> <p><input type="checkbox"/> Minimum 5.0 credits completed</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>_____ Signature, University Registrar</div><div>_____ Date</div></div> | | | | | | | |
| Received by: | | Date Received: | | Fees Owing/Holds: | | Date Processed: | |

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.

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

Student Name: _____

OCAD U Student Number: _____

Date: _____

☐ Application fee

Total Amount: \$100.00