OC AD U

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 to Degree Program for Alumni

$245.00 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.

Last Name:	First Name:	Former Name (if applicable):	OCAD U Student Number:

Apt. / Unit #:	Street Name and Number:	City / Province:	Postal Code:

Mobile Phone Number:	Personal / Other Phone Number:	Personal Email:

Graduation Date (YYYY/MM/DD):	Date of Birth (YYYY/MM/DD):	Marital Status: ☐ Single ☐ Married ☐ Other	Sex: ☐ Female ☐ Male ☐ Another Gender Identity

Status in Canada:

☐ Canadian Citizen   ☐ Permanent Resident   ☐ Study Permit

Country of Citizenship *if not Canadian*:   Date of Landing (YYYY/MM):   Date of Entry (YYYY/MM):

_____   _____   _____

Requested major/program: _____	Request to begin studies in: Year: 2 0 _____
Requested status: ☐ Full-time ☐ Part-time	☐ **Fall term** Deadline: April 16, 2021 ☐ **Spring/Summer term** Deadline: November 5, 2021

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 I understand that misrepresentation of this data may result in my admission to the degree program being rescinded. Upon submission of my application to degree program, I agree to return my AOCAD or AOCA diploma to the university.

_____   _____
Student Signature   **Date**

OFFICE USE ONLY

Office of the Registrar   ☐ Approved, effective: _____   ☐ Denied

_____   _____
Signature, University Registrar   Date

Received by:	Date Received:	Fees Owing/Holds:	Date Processed:

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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: $245.00