



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 Admission Postgraduate Certificate Program

\$60.00 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.

All OCAD U alumni are eligible to register for a certificate program. Certificate programs must be completed within five years of admission. Applications must be submitted at least six weeks before the first day of classes in a term to the Office of the Registrar.

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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another Gender Identity	
Status in Canada: <input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Study Permit			
Country of Citizenship <i>if not Canadian</i> : _____		Date of Landing (YYYY/MM): _____		Date of Entry (YYYY/MM): _____			
Requested program: _____				Request to begin studies in: Year: 2 0 ____ <input type="checkbox"/> Spring/Summer term <input type="checkbox"/> Fall term <input type="checkbox"/> Winter term			
<p>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 I understand that misrepresentation of this data may result in my admission to the certificate program being rescinded.</p> <p>_____ Student Signature _____ Date</p>							
OFFICE USE ONLY							
Office of the Registrar		<input type="checkbox"/> Approved, effective: _____				<input type="checkbox"/> 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: \$60.00