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	Marital Status
	☐ Female ☐ Male ☐ Another Gender Identity	☐ Single ☐ Married ☐ Other

Status in Canada:

☐ Canadian Citizen   ☐ Permanent Resident   ☐ Study Permit

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

Reinstatement requested to:

☐ Degree   ☐ Diploma

Faculty: _____

Major/Program: _____

Request to begin studies in:

Year: _____

Session: ☐ Fall/Winter   ☐ Spring/Summer
          Deadline: February 5, 2021   Deadline: November 5, 2021

Requested Status: ☐ Full-time   ☐ 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that misrepresentation of this data may result in my reinstatement to or registration in the university being rescinded.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:

Year last attended: _____   **Session (FW or SU):** _____

Faculty: _____   **Major/Program:** _____

Last academic status: ☐ Good standing   ☐ Probation   ☐ Withdrawn

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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   ☐ Denied

Effective: ☐ 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