



[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)

# Request for Course Description

(\$1.00 per page)

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.

**NOTES: Official documents and records will not be released if you have any outstanding accounts at the university.**

- Descriptions are normally prepared within 7 to 10 days from receipt of completed form and payment.
- Course descriptions beginning with Spring/Summer 2004 are available on our web site at [www.ocadu.ca](http://www.ocadu.ca).
- Fees are non-refundable.
- Return completed form to the Office of the Registrar.

Last Name:		First Name:		Former Name (if applicable):	
OCAD U Student Number:			Date of Birth (YYYYMMDD):		
Street Name and Number:	Apt. / Unit #:	City / Province:	Postal Code:	Country:	
Mobile Phone Number:	Personal / Other Phone Number:		Personal Email:		
I declare that the signature on this form is my signature and that this form has not been signed on my behalf by another person.					
_____			_____		
<b>Student Signature</b>			<b>Date</b>		
<b>COURSE CODE</b>	<b>COURSE TITLE</b>		<b>YEAR/TERM</b>		
<b>OFFICE USE ONLY</b>					
Received by:	Date Received:	Fees Owing/Holds:	Student Notified: Emailed/Phoned	Date Sent:	

# Request for Course Description

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 This will only be used if your student email account is no longer active (i.e., you have not registered for study since May 2015).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

\$1.00 per page

Total Amount: \_\_\_\_\_