



www.ocad.ca
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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 records. These records are only viewed by OCAD administrative staff and not released to any other parties.

All OCAD alumni are eligible to register for a certificate program. Certificate programs must be completed within 5 years of admission.

Applications must be submitted at least six weeks before the first day of classes in a semester to the Office of the Registrar, 115 McCaul Street, Level 2.

Last Name		First Name		Former Name (if applicable)		OCAD Student Number	
Apt		Street		City / Province		Postal Code	
Home Phone Number		Business / Cell Phone Number		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"/> Male <input type="checkbox"/> Female	
Status in Canada <input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Study Permit			
Country of Citizenship if not Canadian: _____		Date of Landing (YYYY/MM): _____		Date of Entry (YYYY/MM): _____			
Requested program: _____				Request to begin studies in: Year: 20__ __			
Requested status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				<input type="checkbox"/> Summer semester <input type="checkbox"/> Fall semester <input type="checkbox"/> Winter semester			
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 I understand that misrepresentation of this data may result in my admission to the certificate program being rescinded.							
_____				_____			
Student Signature				Date			

OFFICE USE ONLY

Office of the Registrar		<input type="checkbox"/> Approved, effective: _____		<input type="checkbox"/> Denied	
_____				_____	
Signature, Registrar				Date	
Received by:	Date:	Fees owing:	Library:		