



www.ocad.ca
 100 McCaul Street, Toronto, Ontario Canada M5T 1W1
 TELEPHONE 416.977.6000 FACSIMILE 416.977.4201

Request for Letter of Permission

Fee: \$50.00 per course (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.

Date Received _____ Staff initials _____

STUDENT TO COMPLETE:

<p><u>STUDENT INFORMATION</u></p> <p>Last Name _____</p> <p>First Name _____</p> <p>Student Number _____</p> <p>Address _____ Apt. # _____</p> <p>City _____ Postal Code _____</p> <p>Telephone No _____</p> <p>Cellular No _____</p>	<p><u>STUDENT DECLARATION</u></p> <p>I have read and understand the Letter of Permission Policy and request approval to take the course listed below, for transfer of credit, towards my graduation requirements for the AOCAD diploma, BFA degree or BDes degree.</p> <p>I understand that any decisions taken by the university with respect to transfer of individual credits is final.</p> <p>Student Signature ✕ _____</p> <p>Date ✕ _____</p>
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<p><u>AREA OF STUDY</u></p> <p><input type="checkbox"/> Art Yr _____ Major _____</p> <p><input type="checkbox"/> Design Yr _____ Major _____</p> <p><input type="checkbox"/> Liberal Studies – Alumni Degree Completion</p>	<p><u>DOCUMENTATION (Attach)</u></p> <p><input type="checkbox"/> Letter providing reasons for requesting a Letter of Permission Letter must explain relevance of course to student’s major program of study and OCAD curriculum (although it is not offered at OCAD).</p> <p><input type="checkbox"/> Course Description from relevant course calendar</p> <p><input type="checkbox"/> Course Syllabus/Outline detailing weekly course content, form of evaluation (e.g. tests/essays) and mark breakdown</p>
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COURSE INFORMATION

Host Institution _____ Year & Semester Requested _____

Course Code	Course Title	OCAD Course Equivalency	OCAD Subject	Credit Value	Course Duration (from/to)	Course Contact Hours (total)

FOR OFFICE USE ONLY:

<p><u>DEAN OF FACULTY</u> <input type="checkbox"/> ART <input type="checkbox"/> DESIGN <input type="checkbox"/> LIBERAL STUDIES</p> <p>Dean / Asst Dean _____</p> <p><input type="checkbox"/> Approve Letter of Permission, in consultation with the Registrar.</p> <p><input type="checkbox"/> Do not approve Letter of Permission.</p> <p>Comments _____</p> <p>_____</p> <p>Signature _____ Date _____</p>	<p><u>OFFICE OF THE REGISTRAR</u></p> <p>Registrar _____</p> <p><input type="checkbox"/> Approve Letter of Permission.</p> <p><input type="checkbox"/> Do not approve Letter of Permission.</p> <p>Comments _____</p> <p>_____</p> <p>Signature _____ Date _____</p>
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<p><u>LETTER OF PERMISSION FEE (Non-Refundable)</u></p> <p><input type="checkbox"/> \$50.00 per course</p>	<p><u>ENTERED DBOCAD</u></p> <p>Initials _____ Date _____</p>
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