



[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)

# 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:<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other  |  | Sex:<br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another Gender Identity |  |
| Status in Canada:<br><input type="checkbox"/> Canadian Citizen  |                         | <input type="checkbox"/> Permanent Resident         |  | <input type="checkbox"/> Study Permit   |  |  |  |
| Country of Citizenship <i>if not Canadian</i> :<br>_____  |                         | Date of Landing (YYYY/MM):<br>_____                 |  | Date of Entry (YYYY/MM):<br>_____   |  |  |  |
| Requested program: _____  |                         |   |  | Request to begin studies in: Year: 2 0 __ __<br><input type="checkbox"/> Spring/Summer term <input type="checkbox"/> Fall term <input type="checkbox"/> Winter term |  |  |  |
| 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. |                         |   |  |   |  |  |  |
| _____   |                         |   |  | _____   |  |  |  |
| <b>Student Signature</b>  |                         |   |  | <b>Date</b>   |  |  |  |
| <b>OFFICE USE ONLY</b>  |                         |   |  |   |  |  |  |
| 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:  |  |

# Application for Admission Postgraduate Certificate Program

## METHOD OF PAYMENT

- Cheque/Money Order (payable to OCAD University)  
 Credit Card     American Express     MasterCard     Visa

|  |
|--|
| Credit Card Holder's Name (as it appears on the card): |
| Credit Card Number:                                    |
| Expiry Date (MM/YYYY):                                 |
| Total Amount:  |
| Card Holder's Signature:                               |

The information provided above is true and does not contain any false or misleading facts.

- I authorize OCAD University to charge the above amount for the payment of the administrative application fee to my credit card. I accept responsibility for any fees and penalties incurred as a result of a declined credit card transaction.

## OFFICE USE ONLY

Student Name: \_\_\_\_\_

OCAD U Student Number: \_\_\_\_\_

Date: \_\_\_\_\_

Application fee

Total Amount: \$60.00