



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

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:	
Street Name and Number:			Apt. / Unit #:	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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another Gender Identity	
Status in Canada: <input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Study Permit			
Country of Citizenship <i>if not Canadian</i> : _____		Date of Landing (YYYY/MM): _____		Date of Entry (YYYY/MM): _____			
Requested major/program: _____				Request to begin studies in: Year: 20__ __ <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 I understand that misrepresentation of this data may result in my admission to the certificate program being rescinded.							
_____				_____			
Student Signature				Date			
OFFICE USE ONLY							
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:	

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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