



Graduate Studies Residency Application

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 are not released to any other parties.

Student Information		
Last Name	First Name	Student Number
Program	Email	
Residency Information		
Residency title/theme		
Institution		
Duration/Dates	Location	
Supervisor Name	Contact information (email/phone)	
International Residency Information (if applicable)		
Legal Status in Canada (check one)		
Canadian Citizen	Permanent Resident	Study Permit (original documentation required)
It is the student's responsibility to be aware of and secure any travel permissions (e.g. student visas) related to the Residency.		
Project Proposal		
Fall semester (D2) credit weight:	Winter semester (D3) credit weight:	Spring semester (D1) credit weight:
Please attach a comprehensive description of the Residency which should include:		
<ol style="list-style-type: none"> 1. A description of the Residency, including details of the duration and of supervision available. 2. A profile of the institution or organization offering the Residency. 3. A detailed description of the objectives and relevance of the Residency to your larger program of study. 4. Objectives, methodologies, and expected outcomes. 5. Evaluation criteria and deadlines (to be determined with your faculty supervisor). 		
Declaration: I have read and understand the Policies & Procedures relating to Special Studies (Residencies) for graduate students and agree to fulfill all requirements. I understand that failure to do so will result in a failing grade on my academic record.		
Signature of Student	Date	
I agree that the proposed course of study will support the student's intellectual development and/or creative practice and/or contribute to the completion of the student's thesis or culminating project. I agree to evaluate the student's performance in this Residency in consultation with the Institution offering the Residency and to submit a grade to the Office of the Registrar by the published deadline dates.		
Faculty Member	Signature	Date
Principal Advisor	Signature	Date
Signature, Graduate Program Director	Date	
This Special Studies credit is an approved substitute for the course (if applicable):	Course code:	