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Studio Transfer of Credit

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.

Please allow 4 – 6 weeks for processing (or longer if adequate documentation has not been provided).

Last Name		First Name		Student Number	
Apt	Street		City / Province		Postal Code
Home Telephone		Business / Mobile Telephone		Email	
Faculty at OCAD U (Art/Design)		Major / Program at OCAD U		Year Start and Level accepted into at OCAD U	
New First Year Student <input type="checkbox"/>		New Advanced Standing Student <input type="checkbox"/>		Previous OCAD Student Returning for 2 nd Credential <input type="checkbox"/>	
Previous Degree Yes <input type="checkbox"/> No <input type="checkbox"/>		Previous Degree Yes <input type="checkbox"/> No <input type="checkbox"/>		Previous Degree Yes <input type="checkbox"/> No <input type="checkbox"/>	
Institute attended/Years: _____			Program Attended/Completed: _____		

Office Use Only

Preliminary Assessment Notes:

Date: _____ Signature: _____

In reviewing the transcripts I have determined the following possibilities:

Transfer of Credit Results/Final Comments by Assessor: (course details inside)

Advanced Standing Students may be required to fulfill First Year or Second Year Studio Courses :

Required to fulfill:

Total Studio Transfer of Credits Granted: _____

Signature of Assessor: _____ **Date:** _____

This form must be accompanied with Final Official Transcripts and course syllabus (unless you have arranged for them to be sent separately) or it will NOT be accepted.

Rec'd date: _____

Entered in DBOCAD: _____

