



Graduate Studies Principal Advisor Form

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 Name: _____

Student Number: _____

Program: _____

Degree Sought: **MFA** **MDes** **MA**

Principal Advisor		
Name	Faculty	Semester Advising Commences

Student Signature

Date

Principal Advisor's Signature

Date

Program Director's Signature

Date