IMAGINATION IS EVERYTHING
OCAD U

www.ocad.ca
100 McCaul Street, Toronto, Ontario Canada M5T 1W1
TELEPHONE 416.977.6000 FACSIMILE 416.977.4201

Application to Change

☐ Major/Program

☐ Registration Status (from part-time to full-time)

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 OCADU records. These records are only viewed by OCADU administrative staff and not released to any other parties.

Last Name	First Name	Student Number	
Address	Apt	City / Province	Postal Code
Home Telephone	Business Telephone	Mobile Telephone	

Change Major/Program:	**Change Status from Part-time to Full-time:**
From: _____	Current Major/Program: _____
To: _____	Total Credits Completed to Date: _____

O _____ _____

Student Signature **Date**

CHANGES ARE EFFECTIVE SEPTEMBER 2012
APPLICATION DEADLINE: FEBRUARY 3, 2012

Reason for Request:

OFFICE USE ONLY

New Dean/Associate Dean's Recommendation

Portfolio Interview Required: ☐ Yes ☐ No If yes, interview date: _____

Transfer Approved: ☐ Yes ☐ No If yes, effective date: _____

Conditions:

_____

_____

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_____ _____

Name, Dean/Associate Dean **Signature** **Date**

Office of the Registrar ☐ Approved, effective: _____ ☐ Denied

_____ _____

Signature, Registrar **Date**

Note: The application must be returned to the Office of the Registrar located at 115 McCaul St, level 2 for further processing. Approval may be based on grades, portfolio interview and space availability. Successful applicants must complete all requirements of their new program.

Received by:	Date:	Fees Owing:	Library: