



www.ocadu.ca
 Office of the Registrar
 100 McCaul Street, Toronto, Ontario Canada M5T 1W1
 TELEPHONE: 416.977.6000 FAX: 416.977.4201
 EMAIL: regservices@ocadu.ca

International Students Request for Post-Graduation Work Permit Letter

\$12.00 (CDN) per copy

Any personal information you choose to provide 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.

- This form and proof of payment must be returned to the Office of the Registrar, 230 Richmond St. W., Level 5.
- Correspondence regarding your request will be sent to your OCAD U student email address.

Note: Official documents and records will not be released if you have any outstanding accounts at the university.

To work in Canada after you graduate, you must have a work permit issued by Immigration, Refugees and Citizenship Canada (IRCC) under the Post-Graduation Work Permit Program. For more information, visit www.cic.gc.ca/english/study/work-postgrad.asp.

You must submit your Intent to Graduate before this letter will be issued. Fees are non-refundable.

Student Information

Last Name:	First Name:	OCAD U Student Number:
Mobile Phone Number:	Personal / Other Phone Number:	Personal Email Address:
Apt./Unit, Street Name and Number:		
City / Province:	Postal Code:	Country:

Number of Copies Requested: _____

This letter will only be issued once the Office of the Registrar has confirmed you have completed all your graduation requirements.

You must apply for your Post-Graduation Work Permit within 90 days of the day your final grades have been posted. The day of your graduation ceremony does not affect the application period.

Please contact the International Student Services Office at international@ocadu.ca if you have any questions about your status as an international student at OCAD University.

Please choose one of the following options:

I will pick up my letter(s) I authorize _____ to pick up my letter(s)

OR (Do not complete this section if you will be picking up your letter.)

Mail to: (no additional charge) **Courier** (Canada \$35/United States \$50/International \$100)
Recipient phone number required: _____

Last Name:	First Name:
Apt./Unit, Street Number and Name:	
City / Province:	Postal Code: Country:
<input type="checkbox"/> Fax (additional \$5.00 per fax)	Recipient Name: Fax Number (including area code):

OFFICE USE ONLY

Received By:	Date Received:	Outstanding Accounts:	Date Processed:	Student Notified: Emailed/Phoned	Date Sent:
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METHOD OF PAYMENT:

Cheque

Total Amount _____

American Express

Name on Credit Card _____

MasterCard

Visa

Credit Card Number

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Credit Card Expiry Date (MMYY)

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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 transcript(s) to my credit card.

Cardholder Signature _____

OFFICE USE ONLY (REQUEST FOR POST-GRADUATION WORK PERMIT LETTER)

Date: _____ Student ID: _____ Student Name: _____

Number of standard service (\$12 per letter) _____

Fax (\$5)

Courier \$35 \$50 \$100

Total Amount _____