



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 Study Permit Extension 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.

Extending Your Study Permit in Canada

Immigration, Refugees and Citizenship Canada (IRCC) recommends that you submit your application to extend your study permit at least 30 days before it expires. For more information, visit the IRCC website at <http://www.cic.gc.ca/english/study/study-extend.asp>.

If you have any questions regarding your status as an international student at OCAD University, please contact the International Student Services Office (international@ocadu.ca).

Last Name:		First Name:		Date of Birth (YYMMDD):	
OCAD U Student Number:		Mobile Phone Number:		Personal / Other Phone Number:	
Apt./Unit, Street Name and Number:			City/ Province:		Postal Code:
Country:			Personal Email Address:		
Current Major/Program:			Expected Graduation Date (YY/MM/DD):		

Number of Copies Requested: _____

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:
--------------	----------------	-----------------------	-----------------	-----------------------------------	------------