



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

# Application for Reinstatement

\$200 fee must accompany application

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 not released to any other parties.

Last Name		First Name		Former Name		Student Number	
Apt #	Number and street name		City	Province	Postal Code		
Home Phone		Mobile Phone		Email			
Date of Birth (YYYY/MM/DD)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another Gender Identity			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit							
Country of Citizenship if not Canadian: _____ Date of Landing (YYYY/MM/DD): _____ Date of Entry (YYYY/MM/DD): _____							

Reinstatement requested to: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma		Request to begin studies in: Year: ____ _	
Faculty: _____		Session: <input type="checkbox"/> Spring/Summer <input type="checkbox"/> Fall/Winter	
Major/Program: _____		<b>Deadline: November 2, 2018</b> <b>Deadline: February 1, 2019</b>	
		Requested Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

Please give a brief outline of your activities during your absence from OCAD U, and your reasons for requesting reinstatement. If you have attended any other educational institutions during your absence, please complete the **Request for Transfer of Credit** form to be submitted with your Application for Reinstatement. Transfer of Credit requests will only be considered at the time of readmission. Official transcripts and course syllabi must be sent directly to the Office of the Registrar.

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I hereby certify that all statements on this form are correct and complete including my declaration of citizenship and immigration status. I understand that misrepresentation of this data may result in my reinstatement to or registration in the university being rescinded.

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**Student signature** **Date**

Received by:	Date:	Fees Owning:	Library:
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# Application for Reinstatement

## METHOD OF PAYMENT

- Cheque/Money Order (payable to OCAD University)  
 Credit Card     American Express     MasterCard     Visa

Credit Card Holder's Name (as it appears on the card):
Credit Card Number:
Expiry Date (MM/YYYY):
Total Amount:
Card Holder's Signature:

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 the administrative application fee to my credit card. I accept responsibility for any fees and penalties incurred as a result of a declined credit card transaction.

## OFFICE USE ONLY

Date \_\_\_\_\_ Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

Application fee

Total Amount: \$200.00