



www.ocad.ca
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Request for Letter of Permission

Fee: \$50.00 per course (non-refundable)

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.

Date Received _____ Staff initials _____

STUDENT TO COMPLETE:

STUDENT INFORMATION Last Name _____ First Name _____ Student Number _____ Apt. # _____ Address _____ City _____ Postal Code _____ Telephone No _____ Cellular No _____		STUDENT DECLARATION I have read and understand the Letter of Permission Policy and request approval to take the course listed below, for transfer of credit, towards my graduation requirements for the AOCAD diploma, BA, BFA or BDes degree. I understand that any decisions taken by the university with respect to transfer of individual credits is final. Student Signature ✕ _____ Date ✕ _____	
DEGREE INFORMATION Program/Major _____ Year _____		DOCUMENTATION (Attach) <input type="checkbox"/> Letter providing reasons for requesting a Letter of Permission Letter must explain relevance of course to student's major program of study and OCAD U curriculum (although it is not offered at OCAD U). <input type="checkbox"/> Course Description from relevant course calendar <input type="checkbox"/> Course Syllabus/Outline detailing weekly course content, form of evaluation (e.g. tests/essays) and mark breakdown	
COURSE INFORMATION Host Institution _____ Year & Term _____			
Course Code	Course Title	Course Duration (from/to)	Course Contact Hours (total)

FOR OFFICE USE ONLY:

DEAN OF FACULTY <input type="checkbox"/> ART <input type="checkbox"/> DESIGN <input type="checkbox"/> LIBERAL ARTS & SCIENCES <input type="checkbox"/> SCHOOL OF INTERDISCIPLINARY STUDIES Dean / Associate Dean _____ <input type="checkbox"/> Approve Letter of Permission, in consultation with the University Registrar Course Equivalency _____ Subject _____ Credit Value _____ <input type="checkbox"/> Do not approve Letter of Permission Comments _____ _____ _____ _____ _____ Signature _____ Date _____		OFFICE OF THE REGISTRAR University Registrar _____ <input type="checkbox"/> Approve Letter of Permission <input type="checkbox"/> Do not approve Letter of Permission Comments _____ _____ _____ _____ _____ _____ Signature _____ Date _____	
LETTER OF PERMISSION FEE (Paid, Non-Refundable) <input type="checkbox"/> \$50.00 per course		ENTERED BY Initials _____ Date _____	

