



www.ocadu.ca
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Request for Course Description

Request for Course Description (\$1.00 per page)

Notes:

- Official documents and records will not be released if you have any outstanding accounts at the university.
- Descriptions are normally prepared within 7 to 10 days from receipt of completed form and payment.
- Course descriptions beginning with summer 2004 are available on our web site at www.ocadu.ca.
- Fees are non-refundable.
- Return completed form to the OFFICE OF THE REGISTRAR located at 230 Richmond Street West, Level 5.

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.

Personal Information

OCAD U Student ID Number		Date of Birth (YYYYMMDD)	Former Name (if applicable)		
Last Name		First Name	Student Number		
New Current Address (September to April)					
Apt		Street			
City		Province	Postal Code		
Home Phone		Business Phone	Cell Phone		
Email					
Student Signature				Date:	
I declare that the signature on this form is my signature and that this form has not been signed on my behalf by another person.					
Course Code		Course Title	Year/Term		
Office Use Only:					
Received by:	Date Received:	Fees Owing/Library:	Date Completed:	Student Notified: Emailed/Phoned	Date Sent:

Check applicable boxes:

Descriptions to be picked up:

 by me by the following person _____

Description to be mailed:

 by regular mail (no additional charge) by courier (Canada \$20 United States \$30 International \$40) *Purolator will not deliver to P.O. Boxes.*

Name: _____

Address: _____

City: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

Method of Payment: Cheque/Money Order (payable to OCAD U) Credit Card American Express MasterCard Visa

Credit Card Holder's Name (as it appears on the card):

Credit Card Number:

Expiry Date (MMYYYY):

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 letters/forms 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: _____

Total Amount: _____