



www.ocadu.ca
Office of the Registrar
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Request for Challenge Credit

Fees per course (non-refundable):
 \$100 Assessment and 50% tuition fee

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.

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

OCAD University students must present evidence of prior learning to challenge a course for credit and must receive permission from the Dean (or designate) of the Faculty offering the course. Credit will only be awarded for work meeting the standard expected of students who successfully complete the course with a grade of 65% or better.

Students may not challenge a course for credit if they have previously registered in that course or its equivalent at OCAD U or another university. Students may challenge no more than 2.0 credits.

Last Name:	First Name:
OCAD U Student Number:	Major / Program

Note: Mode(s) of assessment may include examination, dossier, portfolio, demonstration, interview, and/or presentation.

COURSE CODE	COURSE TITLE

I wish to challenge the above course(s) for credit:

Student Signature

Date

OFFICE USE ONLY

Evaluator comments:

Course code(s):

FACULTY
 ART
 DESIGN
 LIBERAL ARTS & SCIENCES
 INTERDISCIPLINARY STUDIES

Dean (designate) _____

Approved to challenge course.
 Not approved to challenge course for credit.

Signature _____ Date _____

Signature

Date

Challenge credit(s) granted for:

Course code(s): _____

Comments: _____

Fees (Non-Refundable):

\$100 per course PLUS
 50% tuition fee per course

Received by:	Date Received:	Outstanding Documentation:	Confirmation of Admission Sent:	OEN Student Number:
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Request for Challenge Credit

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

Student Name: _____ OCAD U Student Number: _____ Date: _____

\$100 Application fee and

\$50% of the tuition fee _____

Total Amount: _____