



[www.ocadu.ca](http://www.ocadu.ca)  
**Office of the Registrar**  
 230 Richmond St. W., Level 5, Toronto, ON Canada M5V 3E5  
 TELEPHONE: 416.977.6000, ext. 235    FACSIMILE: 416.977.4201  
 EMAIL: [regservices@ocadu.ca](mailto:regservices@ocadu.ca)

## 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:**

<p><b>STUDENT INFORMATION</b></p> <p>Last Name _____</p> <p>First Name _____</p> <p>Student Number _____</p> <p>Apt. # _____ Address _____</p> <p>City _____ Postal Code _____</p> <p>Telephone No _____</p> <p>Cellular No _____</p>	<p><b>STUDENT DECLARATION</b></p> <p>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.</p> <p>I understand that any decisions taken by the university with respect to transfer of individual credits is final.</p> <p><b>Student Signature</b> ✕ _____</p> <p><b>Date</b> ✕ _____</p>								
<p><b>DEGREE INFORMATION</b></p> <p>Program/Major _____</p> <p>Year _____</p>	<p><b>DOCUMENTATION (Attach)</b></p> <p><input type="checkbox"/> <b>Letter</b> 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).</p> <p><input type="checkbox"/> <b>Course Description</b> from relevant course calendar</p> <p><input type="checkbox"/> <b>Course Syllabus/Outline</b> detailing weekly course content, form of evaluation (e.g. tests/essays) and mark breakdown</p>								
<p><b>COURSE INFORMATION</b></p> <p>Host Institution _____ Year &amp; Term _____</p>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 15%;">Course Code</th> <th style="width: 40%;">Course Title</th> <th style="width: 25%;">Course Duration (from/to)</th> <th style="width: 20%;">Course Contact Hours (total)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Course Code	Course Title	Course Duration (from/to)	Course Contact Hours (total)				
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**FOR OFFICE USE ONLY:**

<p><b>DEAN OF FACULTY</b>    <input type="checkbox"/> ART    <input type="checkbox"/> DESIGN    <input type="checkbox"/> LIBERAL ARTS &amp; SCIENCES</p> <p style="padding-left: 40px;"><input type="checkbox"/> SCHOOL OF INTERDISCIPLINARY STUDIES</p> <p>Dean / Associate Dean _____</p> <p><input type="checkbox"/> <b>Approve</b> Letter of Permission, in consultation with the University Registrar</p> <p>Course Equivalency _____</p> <p>Subject _____ Credit Value _____</p> <p><input type="checkbox"/> <b>Do not approve</b> Letter of Permission</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>Signature _____ Date _____</p>	<p><b>OFFICE OF THE REGISTRAR</b></p> <p>University Registrar _____</p> <p><input type="checkbox"/> <b>Approve</b> Letter of Permission</p> <p><input type="checkbox"/> <b>Do not approve</b> Letter of Permission</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature _____ Date _____</p>
<p><b>LETTER OF PERMISSION FEE (Paid, Non-Refundable)</b></p> <p><input type="checkbox"/> <b>\$50.00 per course</b></p>	<p><b>ENTERED BY</b></p> <p>Initials _____ Date _____</p>

# Request for Letter of Permission

## METHOD OF PAYMENT

Payment for the above request will be made through a secure form made available to your student email address by the OCAD University Finance Office (Student Accounts). *Acceptable forms of payment include American Express, MasterCard, Visa, Visa Debit, or Mastercard Debit.* By submitting this form, I agree to be charged the above indicated amounts and acknowledge and authorize the use of this process.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**If you do not have an active student email address, please place the credit card holder's information below. This will only be used if your student email account is no longer active (i.e., you have not registered for study since May 2015).**

\_\_\_\_\_  
Cardholder Name (please print)

\_\_\_\_\_  
Email Address (please print)

## OFFICE USE ONLY

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

Application fee \$50.00 per course

Total Amount: \_\_\_\_\_

Total Courses: \_\_\_\_\_