



[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

# Special Student Admission Application

\$60.00 fee must accompany application (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.

**Allow a minimum of six weeks for processing and admission approval.**

Last Name:		First Name:		Former Name (if applicable):	
Apt./Unit #:	Street Name and Number:		City / Province:		Postal Code:
Mobile Phone Number:	Other Phone Number:	Personal Email:	Date of Birth (YYYY/MM/DD):		First Language:
Legal Status in Canada:  <i>All original documents must be presented to the Office of the Registrar, 230 Richmond Street West, Level 5.</i>	<input type="checkbox"/> Canadian Citizen  <i>Proof of Canadian citizenship required</i>	<input type="checkbox"/> Permanent Resident  <i>Proof of Permanent Resident Status required</i> Country of Citizenship: _____  Date of Landing (YYYY/MM): _____	<input type="checkbox"/> International Student  <i>Study permit required (UHIP required after enrolment)</i> Country of Citizenship: _____  Date of Entry (YYYY/MM): _____		
<b>Special Student Status</b> (lifetime total of 2.5 OCAD U credits, with no more than 1.0 credit per term)			<b>Documentation Required</b>		
<input type="checkbox"/> On a Letter of Permission from another accredited university/university-level institution			Approved Letter of Permission <ul style="list-style-type: none"> <li>• From the issuing institution</li> </ul>		
<input type="checkbox"/> Hold an undergraduate degree from an accredited university/university-level institution			Official transcripts <ul style="list-style-type: none"> <li>• Sent directly from the issuing institution (Attn: Office of the Registrar)</li> </ul>		
<input type="checkbox"/> Fulfilling academic or professional development requirements			Evidence of professional status <ul style="list-style-type: none"> <li>• Documents outlining requirements, employer &amp; contact information</li> </ul>		
<input type="checkbox"/> OCAD U Alumni <i>(By exception, may register for a lifetime total of 7.5 credits.)</i>			No additional documentation required <ul style="list-style-type: none"> <li>• With the exception of international students who must provide proof of legal status in Canada or a valid study permit</li> </ul>		
Request to begin studies in: Year: 20 ____ <input type="checkbox"/> Spring/Summer term <input type="checkbox"/> Fall term <input type="checkbox"/> Winter term <i>(Please note that you will be required to reapply for admission if you do not complete a course in the term for which you are admitted.)</i>					
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 request for admission being rescinded.					
_____			_____		
<b>Student Signature</b>			<b>Date</b>		
<b>OFFICE USE ONLY</b>					
Received by:	Date Received:	Outstanding Documentation:	Confirmation of Admission Sent:	OEN Student Number:	

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## 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

Student Name: \_\_\_\_\_

OCAD U Student Number: \_\_\_\_\_

Date: \_\_\_\_\_

Application fee

Total Amount: \$60.00