



www.ocadu.ca
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Special Student Admission Application

\$60 fee must accompany application

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 four weeks for admission approval and processing

| Last Name | | First Name | | Former Name (if applicable) | |
|--|-------|---|---|--|--|
| Apt | | Street | | | |
| City | | Province | | Country | |
| Postal Code | | Home Phone Number | | Business / Cell Phone Number | |
| Email | | Birth Date (yyyy/mm/dd) | | Sex | |
| Marital Status | | Mother Tongue | | <input type="checkbox"/> F <input type="checkbox"/> M | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other | | <input type="checkbox"/> Canadian Citizen | | <ul style="list-style-type: none"> • Proof of Canadian citizenship required | |
| <input type="checkbox"/> Permanent Resident | | Country of Citizenship: _____ Date of Landing (yyyy/mm): _____ | | <ul style="list-style-type: none"> • Proof of Permanent Resident Status required | |
| <input type="checkbox"/> International Student | | Country of Citizenship: _____ Date of Landing (yyyy/mm): _____ | | <ul style="list-style-type: none"> • Study permit required • UHIP required | |
| Special Student Status (lifetime total of 2.5 OCAD credits, with no more than 1.0 credit per semester) | | | Documentation Required | | |
| <input type="checkbox"/> On a Letter of Permission from another accredited university/university-level institution | | | <ul style="list-style-type: none"> • Approved Letter of Permission | | |
| <input type="checkbox"/> Hold an undergraduate degree from an accredited university/university-level institution | | | Official transcripts <ul style="list-style-type: none"> • Sent directly from the issuing institution (Attn: Office of the Registrar) | | |
| <input type="checkbox"/> Fulfilling academic or professional development requirements | | | Evidence of professional status <ul style="list-style-type: none"> • Documents outlining requirements, employer & contact information | | |
| Request for admission effective: Year: 20__ __ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer (Please note that you will be required to reapply for admission if you do not complete a course in the semester for which you are admitted) | | | | | |
| Declaration 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 admission to or registration in the university being rescinded. | | | | | |
| Signature _____ | | | Date _____ | | |
| Received by: | Date: | Outstanding Documentation: | Confirmation of Admission sent: | Student Number: | |

Special Student Admission Application

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 graduation administrative fee/late 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

Date _____ Student Number _____ Student Name _____

Special student admission application Fee \$60 Total Amount _____