



www.ocadu.ca
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Application for Admission Postgraduate Certificate Program

\$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.

All OCAD U alumni are eligible to register for a certificate program. Certificate programs must be completed within 5 years of admission.

Applications must be submitted at least six weeks before the first day of classes in a semester to the Office of the Registrar, 115 McCaul Street, Level 2.

Last Name		First Name		Former Name (if applicable)		OCAD U Student Number	
Apt		Street		City / Province		Postal Code	
Home Phone Number		Business / Cell Phone Number		Email			
Graduation Date (YYYY/MM/DD)		Date of Birth (YYYY/MM/DD)		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Status in Canada <input type="checkbox"/> Canadian Citizen Country of Citizenship if not Canadian: _____		<input type="checkbox"/> Permanent Resident Date of Landing (YYYY/MM): _____		<input type="checkbox"/> Study Permit Date of Entry (YYYY/MM): _____			
Requested program: _____				Request to begin studies in: Year: 20__ __			
Requested status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				<input type="checkbox"/> Summer semester <input type="checkbox"/> Fall semester <input type="checkbox"/> Winter semester			
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 I understand that misrepresentation of this data may result in my admission to the certificate program being rescinded.							
_____				_____			
Student Signature				Date			

OFFICE USE ONLY

Office of the Registrar		<input type="checkbox"/> Approved, effective: _____		<input type="checkbox"/> Denied	
_____		_____			
Signature, Registrar		Date			
Received by:	Date:	Fees owing:	Library:		