

# Graduate Studies Visiting/Exchange Student 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 are not released to any other parties.

| Last Name: | First Name: |
|------------|-------------|
|            |             |

| Personal Infor               | mation           |                    |          |                |         |
|------------------------------|------------------|--------------------|----------|----------------|---------|
| Country of Cit               | izenship         | Date of Birth (YYY | Y/MM/DD) | First Language |         |
| Legal Status ir<br>Canadian) | n Canada (if not | Gender             |          | Marital Status |         |
|                              | Permanent Status | Female             | Male     | Single         | Married |
|                              | Study Permit     |                    |          |                |         |

| Street Address |              | City, Country |
|----------------|--------------|---------------|
| Postal Code    | Phone Number | Email         |

## **Emergency Contact**

| Name    | Relationship to Student |        | Phone Number |
|---------|-------------------------|--------|--------------|
| Address | City, C                 | ountry |              |

## **Home Institution**

| Name of Institution                 | Location |
|-------------------------------------|----------|
| Your program and current year level |          |
| Contact person (name and title)     |          |

### Proposed Studies at OCAD University

| Program of Study<br>(choose the program you are interested in taking) | <b>Proposed Period of Study</b><br>(indicate term(s) and year) |
|---|--|
| Contemporary Art, Design and New Media Art Histories (MA)             |  |
| Criticism and Curatorial Practice (MFA)                               |  |
| Digital Futures (MA, MFA, MDes & Graduate Diploma)                    |  |
| Inclusive Design (MDes)   |  |
| Interdisciplinary Master's in Art, Media & Design (MA, MFA & MDes)    |  |
| Strategic Foresight and Innovation (MDes)                             |  |



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### Please submit the following items with this application form:

- Letter of interest (outlining why you are interested in this program at OCAD U and specific courses you wish to take)
- Official academic transcript (from your home institution)
- Additional materials may be requested (e.g. portfolio) depending on the Graduate Program

#### **Terms and Conditions**

- 1) Exchange students are responsible for making all required arrangements for travel, finances, and a Study Permit.
- 2) Upon Arrival at OCAD U exchange students must provide a valid Study Permit.
- The Government of Ontario requires that all international students, including exchange students, enroll in the University Health Insurance Plan (UHIP) upon arrival at OCAD U. Exchange students must participate in this plan in order to register for and attend classes.
- Exchange students are financially responsible for themselves during the period of study. OCAD U is not able to assist in securing housing, but can provide students with a list of independent student residences and websites to contact.
- 5) The language of instruction at OCAD U is English. Exchange students must be capable of participating in all class discussions and projects without additional academic support. Proof of English proficiency may be required.
- 6) Upon completion of exchange studies at OCAD U, an official academic transcript will be sent to the student's home institution, providing the student has no outstanding fees or library fines at OCAD U.

#### Declaration

Signature of Student

I certify that all the information I have provided is complete and correct. I understand and agree to abide by the terms and conditions stated above for the duration of my studies at OCAD U.

Date

# Approvals <u>Home Institution:</u> Signature of Dean (or designate) Name Date <u>OCAD U:</u> Graduate Program Director – signature Date Dean, Graduate Studies – signature Date

Please send application package to: Office of Graduate Studies OCAD University 100 McCaul Street, Toronto, ON Canada M5T 1W1 <u>gradstudies@ocad.ca</u>