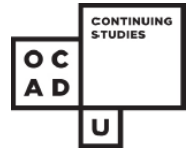


CONTINUING STUDIES CERTIFICATE IN DIGITAL MEDIA SKILLS

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 OCADU records. These records are only viewed by OCADU administrative staff and not released to any other parties.



Personal Information

First Name:

Last Name:

Apt/Unit #:

Street:

City:

Province:

Postal Code:

Email:

Phone Number:

Office of Continuing Studies
285 Dundas Street West
Toronto, Ontario M5T 1G1
Tel: 416-977-6000 x 2321
email: continuingstudies@ocadu.ca

Submit in Person to: Cashier's Desk
230 Richmond Street West, 7th Floor
Toronto, Ontario

Hours:
Check our website www.ocadu.ca

Submit by Mail to: Office of Continuing Studies
OCAD University
100 McCaul Street
Toronto, Ontario M5T 1W1

Submit by Email to: continuingstudies@ocadu.ca

List 5 qualifying courses successfully completed below. Do not submit this form unless you have completed 5 qualifying courses.

Course #	<input type="text"/>	Course Name	<input type="text"/>	Date Completed	<input type="text"/>
Course #	<input type="text"/>	Course Name	<input type="text"/>	Date Completed	<input type="text"/>
Course #	<input type="text"/>	Course Name	<input type="text"/>	Date Completed	<input type="text"/>
Course #	<input type="text"/>	Course Name	<input type="text"/>	Date Completed	<input type="text"/>
Course #	<input type="text"/>	Course Name	<input type="text"/>	Date Completed	<input type="text"/>

Certificate Fee

Fee:	\$30.00
HST 13%:	\$3.90
Total Due:	\$33.90

Payment

- Online Payment
- Interac
- Cheque payable to:
OCAD University
- Credit Card

- Mastercard
- Visa
- American Express

Card Number:

Expiration Date:

Cardholder Name:

I hereby certify that all information on this application form is correct and that I am financially responsible for all enrollment fees that result from processing this form.

Signature _____

Date _____