APPLICATION FOR ADMISSION

Admission to an Undergraduate Program

University of Lethbridge ID	
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PERSONAL INFORMATION

1.	Name The following names must be your legal names for use on all official University of Lethbridge				will be used for statistical purposes and					
	documentation. Please PRINT clearly.			of potential funding and even the admission decision.	its or opportunities of specific interest. T	his information of	does not aff			
	Last Name/Family Name/Surname:	ie/Surname:			u are an Indigenous person, please spec	ify:				
	First Name:	Middle Name:		First Nations Status	First Nations Non-Status	☐ Métis	_ Inuit			
	Former Last Name(s)/Family Name(s)/Surname(s) (if applicable):			Alberta Advanced Education is collecting this personal information pursuant to Section 33(C) of FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs, and services to improve aboriginal learner success.						
	Preferred First Name:			Director, Data Management a	ou have questions regarding the collecti nd Governance, Post-Secondary Policy a Edmonton AB, T5J 4L5, 780-422-4322 o	and Strategy, Albe	erta Advano			
2.	Email Address The University of Lethbridge will use this email address to send you important information (including your University of Lethbridge ID Number) regarding your application for admission, unless you		7.							
	instruct us otherwise.	, , ,		Canadian Citizen	Permanent Resident of Canada (L	anded Immigran	it)			
	Email Address			Refugee Other Permit (please spe	Study Permit					
3.	Current Address				zen or Permanent Resident, do you have	a current Study	Permit			
	Apartment and Street Address, and/or Box Number	r:		Yes No						
	1		8.	Country of Citizensl	nip					
				If you checked Canadian Citiz	en in #7, go to #9.					
		nce/State:			s other than Canadian Citizen, the ess your Country of Citizenship is i		tion			
	Country:			Country of Citizenship:						
	Postal Code: Area	Code Telephone:		PPLICATION DETAIL	LS					
4.	Permanent Address (If different fro	om Current Address)	9.	Term you want to begin atte	endance (check one only):					
	Apartment and Street Address, and/or Box Numbe	r:		(September start.)	Spring (January start) Year Year	Year				
	City of Taxable City of City o		10.	Have you previously submitte	d an application for admission to the Ur	niversity of Lethb	oridge?			
	City or Town: Provi	nce/State:		Yes No						
	Country:		11.	. Returning Students						
	Postal Code: Area	Code Telephone:		☐ I previously attended the	University of Lethbridge as an admitted secondary institution(s) since leaving th	I student and har ie University of	ve not			
5.	Gender/Date of Birth	desired Discocified		☐ I previously attended the	University of Lethbridge as an admitted nother post-secondary institution.	d student, and				
	Gender: Female Male Undeclared Unspecified		12	First Spoken Langua						
	Date of Birth: Day Month	Year		What is the first language you	u learned and still understand?					
	Example: 01 JAN	1985								

APPLICATION FOR ADMISSION

Admission to an Undergraduate Program

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