



Registrar's Office
 4401 University Drive
 Lethbridge, Alberta T1K 3M4
 Fax: 403-329-5159
 Phone: 403-320-5700
admissions@uleth.ca

UNDERGRADUATE APPLICATION FOR ADMISSION FOR CONTINUING STUDENTS

- . For additional information on program options, please refer to the [Undergraduate Program Grid](#).
- . Application deadlines and admission requirements vary by program, campus and term. Detailed information on deadlines and admission requirements are available online at [Undergraduate Application and Document Deadlines](#).

University of Lethbridge ID Number:	Date:
Last Name:	First Name:

Applying to campus?

Lethbridge Calgary Online (*Ther. Rec. only*)

Application Effective for Term:

Fall 20____ Spring 20____

Are you applying for a Combined Degrees Program?

Yes No

If yes, please select both Degree Programs.

Program(s) to which you are applying for admission:

Faculty of Arts and Science:

B.A. Post-Dip. B.A. B.A.Sc. Major 1 _____	B.Sc. Post-Dip. B.Sc. Major 2 _____ <div style="text-align: right; font-size: small;">(for B.A.Sc. only)</div>
--	---

If declaring a General Major, list the 3 Disciplinary Streams:

1st _____
 2nd _____
 3rd _____

Preparatory/Transfer Programs:

First Nations' Transition Program (FNTP) Nursing Preparation Program
 Pre-Professional Transfer Program in Engineering (U of A U of S)

Faculty of Education: *NOTE: The B.Ed. as a first degree is available only as part of a combined degrees program. Please include all details for both degrees sought in each Faculty/School section. (Example: B.A./B.Ed., B.Mgt./B.Ed., B.F.A.-Art/B.Ed.)*

Pre-B.Ed./Combined Program B.Ed./Combined Program Major _____ Specialization _____ <div style="text-align: center; font-size: small;">(if mandatory)</div>	Pre-B.Ed. After Degree B.Ed. After Degree Education Minor(s) _____ <div style="text-align: center; font-size: small;">(if mandatory)</div>
--	---

Faculty of Fine Arts:

B.F.A.-Art: Major _____ B.F.A.-Native American Art: Major _____ B.F.A.-Multidisciplinary B.F.A.-New Media	B.F.A.-Dramatic Arts: Major _____ B.Mus.: Major _____
--	--

Faculty of Health Sciences: *NOTE: Students admitted to collaborative B.N. (four-year and after degree) programs commence studies at Lethbridge College.*

B.H.Sc.: Major _____
Post-Dip B.H.Sc.: Major _____
Bachelor of Therapeutic Rec.

B.N.
B.N. After Degree

Dhillon School of Business:

B.Mgt.: Major _____
Post-Dip. B.Mgt.: Major _____
Professional Diploma in Accounting

Mgt. Certificate: Major _____
Post-Dip. B.Mgt. (25 course): Major _____

DECLARATION

1. I acknowledge that it is strongly advised that I talk to an academic advisor prior to submitting this application.
 2. I have reviewed the admission requirements for the Program as indicated and, to the best of my knowledge, I have or will have completed the admission requirements by the term of admission for the Program to which I am applying.
 3. I acknowledge that mandatory Minors, or mandatory Concentrations, or mandatory Specializations, will be added to my Program.
 4. I authorize my acceptance of admission to the Program if all admission requirements are met.
 5. I acknowledge that admission into the new Faculty/School/Major does not constitute a guarantee that I will be able to register for any particular course in a given term.
 6. I acknowledge that changing my Program and/or Major may affect my existing course registration.
 7. I acknowledge that I can only submit one application per term.
- I have read and accept the terms outlined above.

Once complete, please save this form and attach it to an email addressed to admissions@uleth.ca from your '@uleth.ca' email address or submit a paper copy to the Registrar's Office located in SU140.

Student signature required if submitting paper copy

Date

The personal information on this form is collected under the authority of the *Post-secondary Learning Act* (Alberta) and the *Freedom of Information and Protection of Privacy Act* (Alberta). Your information will be used for admission, registration, scholarships and awards administration; academic progress monitoring, planning and research; alumni relations; contacting you about University courses and services; and operating other University-related programs. The University of Lethbridge may share and disclose information within the University to carry out its mandate and operations. Specific data will be disclosed to the relevant student associations, and to the federal and provincial governments to meet reporting requirements. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive West, Lethbridge, AB T1K 3M4; email: foip@uleth.ca; tel: 403-332-4620.

For Office Use Only

Processed By Admissions: _____
Date Processed: _____