



Registrar's Office
 4401 University Drive
 Lethbridge, Alberta T1K 3M4
 Fax 403-329-5159
 Phone 403-320-5700

OPEN STUDIES REGISTRATION FORM

University of Lethbridge ID Number

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Alberta Student Number

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I have read or will read the regulations on Open Studies registration in the current Academic Calendar. Initial here _____

I wish to register in: Spring _____ Fall _____ Summer _____
Year Year Year

I wish to register for: Lethbridge Campus Calgary Campus

I have enclosed: \$20 non-refundable registration fee and the \$80 non-refundable tuition deposit

Please Print

Last Name:	
First Name:	Middle Name(s):
Former Name(s) (if applicable):	
Preferred First Name:	

Sex:	Date of Birth:	Social Insurance Number																		
<input type="checkbox"/> Female <input type="checkbox"/> Male	<table border="1"> <tr> <td>Day</td><td>Month (e.g. Jan)</td><td>Year</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>	Day	Month (e.g. Jan)	Year				<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>												
Day	Month (e.g. Jan)	Year																		

Permanent Mailing Address

Street, Box Number, Apartment Name:			
City or Town:		Province:	
Country:			
Postal Code:	Area Code	Telephone	
Email Address:			

Current Mailing Address (if different from above)

Street, Box Number, Apartment Name:			
City or Town:		Province:	
Country:			
Postal Code:	Area Code	Telephone	

Marital Status:
<input type="checkbox"/> Not Married <input type="checkbox"/> Married <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Yes (65 years and older)

Are you registering in:
<input type="checkbox"/> Undergraduate Courses <input type="checkbox"/> Graduate Courses <input type="checkbox"/> PhD
Students not currently admitted to graduate programs must contact the Faculty for approval of registration.

- Students will register in courses using the BRIDGE (www.uleth.ca/bridge)
- Only students registering in a course that CANNOT be registered using the BRIDGE need to complete this section of the form (i.e. Independent Study, Co-op Work Experience, Dean's Approval courses, etc.)

Course Information

Name	Course	Section/CRN	Lab/CRN	Tutorial/CRN	Prerequisite verification attached. Initial for Yes if required.
e.g. CPSC	1000	A/10876	2/10877	02/10878	

Advisor Authorization signature if required.

Registration Authorization

Validation from Cashier

Declaration of Applicant: With regard to this application, I certify the particulars furnished are true and complete in all aspects, and no information has been withheld. I understand that falsifying documents or information on this application may result in penalties up to and including immediate permanent dismissal from the University. I understand that misrepresentation, falsification of documents, and/or the withholding of requested information in regard to this application are serious offences that may result in prosecution under the University of Lethbridge Calendar policies and/or the Criminal Code of Canada.

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.

Applicant's Signature _____ Date of Application _____

Graduate Studies Authorization Signature _____ Date of Authorization _____