



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

APPLICATION FOR ADMISSION FOR EXCHANGE

This application is for exchange admission only. It is not a general application for admission to the University of Lethbridge. There is no fee associated with this application. This application must be submitted electronically.

International students wishing to attend the University of Lethbridge should contact the coordinator in their home institution before submitting an application.

- Summer EAP (May-July) Deadline: March 1**
- Fall Semester (September - December) Deadline: April 15**
- Spring Semester (January to April) Deadline: November 1**

Once an application has been received, a letter of acceptance will be sent to the student's host exchange coordinator.

Note: Before your application will be considered, our office must receive email confirmation of your nomination to the program from your exchange coordinator.

PERSONAL INFORMATION

| | |
|---|----------------------------|
| University of Lethbridge student ID number (if you have already been given one) | |
| Legal Last Name(s)/Family Name(s)/Surname(s) | |
| Legal First/Given Name | Legal Middle Name |
| Former Last Name(s)/Family Name(s)/Surname(s) (if applicable) | |
| Preferred First Name | |
| Gender | Date of Birth (YYYY/MM/DD) |

STUDENT CONTACT INFORMATION

Current Address

This address will be used for print correspondence from the institution.

| |
|------------------|
| Street Address |
| City/Town |
| Province/State |
| Country |
| Postal/Zip Code |
| Telephone Number |

Permanent Address

If different from your current address, please provide an alternate mailing address.

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|------------------|
| Street Address |
| City/Town |
| Province/State |
| Country |
| Postal/Zip Code |
| Telephone Number |

Email Address

The email address you provide will be used to communicate with you regarding your application and admission to the University of Lethbridge.

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ADDITIONAL INFORMATION

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|--|--------------------------|
| First spoken language (The first language you learned and still understand) | |
| Country of Citizenship | |
| Immigration Status: <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident of Canada (Landed Immigrant) <input type="radio"/> Study Permit <input type="radio"/> No Study Permit Required - One Term Exchange | |
| Exchange Term <input type="radio"/> Fall Only - Undergraduate <input type="radio"/> Spring Only - Undergraduate <input type="radio"/> Fall + Spring - Undergraduate <input type="radio"/> Summer EAP + Fall - Undergraduate <input type="radio"/> Fall EAP + Spring - Undergraduate | |
| Campus <input type="radio"/> Lethbridge | Faculty or School |

EDUCATIONAL BACKGROUND

| | |
|---|------------------------|
| Current Institution | |
| Program Major | |
| Dates Attended From (month/year) | To (month/year) |

DECLARATION

With regard to this application, I certify the information provided is true and complete in all aspects, and no information has been withheld.

I agree, if admitted to the University of Lethbridge, to comply with the student regulations of the University. I understand my admission will not be final until my file is complete and all required documents have been received. Further, I agree to the disclosure of information as described at the bottom of this form.

I have read and accept the terms outlined above.

Once complete, please save this form and attach it to an email addressed to incoming@uleth.ca from your preferred email address.

Applicant's Signature

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.

Notwithstanding any policy of the University, by submission of this application, the applicant agrees that if in default of any obligation to the University, the information contained in this application and other documentation held by the University from time to time, and which is related to the applicant, may be used by the University or any agent acting on its behalf for all purposes regarded by the University as necessary in the conduct of its affairs.

For Office Use Only