

ACCOMMODATED LEARNING CENTRE

NEW STUDENT INTAKE FORM

We adhere to a strict policy of maintaining confidentiality regarding your involvement with our services and support. The personal information on this form will not be provided to any third parties unless required by law.

STUDENT DATA					
	1	/	/		
Last Name	First Name	Chosen Name	Middle Initial	Student ID #	
Have you previ	ously enrolled to the	University of Lethbridge	by any other First Names/S	Surnames? □ Yes □ No	
Pronouns (Ex: he, she, they, etc.)			Date of B	irth (January 1, 2000)	
Local Address	Apt#/Street	City	Province	Postal Code	
Permanent Ad	dress (if different fro	om above) Apt#/Street C	ity Province	Postal Code	
()		()	()		
Local Phone#		Cell #	Alternate Telephone#		
Email Address	(University of Lethbr	idge)	Alternate Em	ail Address	
		ACADEMIC INFO	RMATION		
Please answ	er the following o		our University of Lethb	ridge studies:	
Semester	☐ SPRIN	G (Jan-Apr) □ SUMMEF	R SESSIONS (May-Aug) 🗆 F	ALL (Sept-Dec)	
Name of Facul	ty or School				
Current/Intend	ded Major				
Year of Study (1 st , 2 nd , etc.)				
	TY	PE OF STUDENT FUN	IDING RECEIVED		
☐ Studen	t Loans				
- If check	ed, in which Provinc	e did you apply for Stude	ent Loans?		
☐ Band F	unding from				
\square Other_					
Have you been	previously approve	d for grants and/or fundi	ng for supports through Stu	dent Aid?	
☐ Yes	☐ No ☐ Unsure				
ROVINCE of Pe	rmanent Residence:				

Please check <u>one</u> of th	ne following boxes				
☐ If eligible, I am only interested in registering for exam accommodations.	accommodations and/or in-class				
☐ If eligible, I am only interested in applying for the Canada Disabilities and/or the Services and Equipment Grant					
☐ If eligible, I am interested in all exam accommodations, in-class supports, and grant opportunities.					
☐ I am unsure of what services I am looking for and would like to speak with a Disability Advisor.					
☐ Other:					
ACCOMMODATION HISTORY					
Have you ever had academic accommodations in place (such Yes No	as a High School IPP, Previous Post-Secondary)?				
How did you hear about us?					
I prefer my intake appointment to be held: Virtually (via ZO	OM) \square In-Person (On Campus) \square				
Student Signature Da	ate				

STUDENT STATUS

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act ("Act") and will be protected under Part 2 of the Act. The information is collected for the purpose of determining eligibility for and administering of the programs and services offered through the Accommodated Learning Centre. If you have any inquiries in regards to the collection of your personal information, please direct those inquiries to: FOIP Coordinator, University of Lethbridge, 4401 University Dr. West, Lethbridge, Alberta T1K 3M4, telephone: 403-332-4620, email: foip@uleth.ca.

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