

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.

Last Name First Name Chosen Name Middle Initial Student ID # Have you previously enrolled to the University of Lethbridge by any other First Names/Surnames? Yes N Pronouns			STUDENT DATA		
Have you previously enrolled to the University of Lethbridge by any other First Names/Surnames?		/	/	/	
Pronouns	ast Name	First Name	Chosen Name	Middle Initial	Student ID #
Local Address Apt#/Street	Have you previo	ously enrolled to the U	University of Lethbridge by a	any other First Names/S	Surnames? ☐ Yes ☐ No
Permanent Address (if different from above) Apt#/Street City	Pronouns	(Ex: he, she, they,	etc.)	Date of B	Sirth (January 1, 2000)
() () Local Phone# Cell # Alternate Telephone# Email Address (University of Lethbridge) ACADEMIC INFORMATION Please answer the following questions regarding your University of Lethbridge studies: Semester SPRING (Jan-Apr) SUMMER SESSIONS (May-Aug) FALL (Sept-Dec) Campus ONLINE LETHBRIDGE CALGARY Name of Faculty or School Current/Intended Major Year of Study (1st, 2nd, etc. TYPE OF STUDENT FUNDING RECEIVED Student Loans If checked, in which Province did you apply for Student Loans? Band Funding from Other Have you been previously approved for grants and/or funding for supports through Student Aid? Yes No Unsure	Local Address A	Apt#/Street	City	Province	Postal Code
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☐ Yes ☐ No ☐ Unsure	\square Other_				
	Have you been	previously approved	for grants and/or funding fo	or supports through Stu	ıdent Aid?
ROVINCE/COUNTRY of Permanent Residence:	☐ Yes	☐ No ☐ Unsure			
	ROVINCE/COUN	ITRY of Permanent Re	esidence:		

STUDENT STATUS

Please check <u>one</u> of the following boxes				
☐ If eligible, I am only interested in registering for exam accommodations and/or in-class accommodations.				
☐ If eligible, I am only interested in applying for the Canada Student Grant for Students with Permanent Disabilities and/or the Services and Equipment Grant for Students with Permanent Disabilities.				
☐ If eligible, I am interested in all exam accommodations, in-class supports, and grant opportunities.				
$\ \square$ 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 as a High School IPP, Previous Post-Secondary)? ☐ Yes ☐ No				
How did you hear about us?				
I prefer my intake appointment to be held: Virtually (via ZOOM) \square In-Person (On Campus) \square				
Student Signature Date				

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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