

ACCESSIBLE 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					
	/	/	/		
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/	Surnames? □ Yes □ No	
Pronouns	(Ex: he, she, they,	etc.)	Date of E	Birth (January 1, 2000)	
Local Address	Apt#/Street	City	Province	Postal Code	
Permanent Ad	Idress (if different fro	m above) Apt#/Street City	Province	Postal Code	
()		()	()		
Local Phone#		Cell #	Alternate Telephone#		
Email Address Lethbridge)	(University of		Alternate Email Address		
Letinoriuge)		ACADEMIC INFORM	MATION		
Please answ	er the following q	uestions regarding you	ır University of Lethb	ridge studies:	
Semester	☐ SPRING	6 (Jan-Apr) □ SUMMER SE	ESSIONS (May-Aug) 🗆 F	ALL (Sept-Dec)	
Campus	□ ONLIN	E □ LETHBRIDGE □	CALGARY		
Name of Facul	ty or School				
Current/Inten	ded Major				
Year of Study ((1 st , 2 nd , etc				
		PE OF STUDENT FUNDI	NG RECEIVED		
☐ Studen		did you apply for Student	Loans?		
		and you apply for Student			
		for grants and/or funding		udent Aid?	
-	☐ No ☐ Unsure		eabber ee em e e 8 e e		
PROVINCE/COUI	NTRY of Permanent R	esidence:			

STUDENT STATUS

Please check <u>one</u> of the follow	ving boxes				
☐ If eligible, I am only interested in registering for exam accommodations .	nodations and/or in-class				
☐ If eligible, I am only interested in applying for the Canada Students Disabilities and/or the Services and Equipment Grant for Students					
☐ 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 s	peak with a Disability Advisor.				
☐ Other:					
ACCOMMODATION HISTORY					
Have you ever had academic accommodations in place (such as a High ☐ Yes ☐ No	h School IPP, Previous Post-Secondary)?				
How did you hear about us?					
I prefer my intake appointment to be held: Virtually (via ZOOM) \Box	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 Accessible 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.

Page 2 of 2

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