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## APPROVAL AND REGISTRATION FOR APPLIED RESEARCH STUDY

<b>University of Lethbridge ID Number:</b>	<b>Effective Term:</b> Fall 20__ Spring 20__ Summer 20__
<b>Last Name:</b>	<b>First Name:</b>
<b>Are you enrolled in any classes other than APPLIED RESEARCH STUDY this semester?</b> Yes      No	
<b>Associated Faculty:</b> Arts and Science                      Fine Arts                                      Dhillon School of Business Education                                      Health Sciences	

<b>Course Subject and Number</b> <i>(e.g. WRIT 1000)</i>	<b>Section</b> <i>(e.g. A)</i>	<b>Supervisor</b> <i>Please print</i>

Brief description of proposed learning plan and learning outcomes:

Please collect signatures from the following:

Supervising Faculty Member:	_____
Department Chair ( <i>Arts &amp; Science or Fine Arts only</i> ):	_____
School of Graduate Studies Dean or Designate:	_____

### DECLARATION

I understand that if my Applied Research Studies course involves research with human participants, my research must be approved in advance according to [University policy](#). I have also read the School of Graduate Studies [Policies and Procedures](#).

**Students must obtain all signatures before submitting this form.**

**Once complete, please save this form and attach it to an email addressed to [sgs@uleth.ca](mailto:sgs@uleth.ca).**

\_\_\_\_\_  
*Student signature required if submitting paper copy*

\_\_\_\_\_  
*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](mailto:foip@uleth.ca); tel: 403-332-4620.

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