



**International**

4401 University Drive  
Lethbridge, Alberta, Canada  
T1K 3M4

Phone 403.329.2053  
Fax 403.382.7140

## APPLICATION FOR SUMMER ENGLISH EXPERIENCE IN CANADA

Please submit your application as early as possible. Spots are limited for the Summer English Experience in Canada and activities are in high demand.

### 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 Name/Given Name	Legal Middle Name(s)	
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/Local/Homestay Address

This address will be used for print correspondence from the institution. An Alberta Address, if available, is preferred.

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

#### Permanent Address

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

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

Email Address (will be used to communicate with you regarding your application to the University of Lethbridge)
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### Additional Information

<b>First Spoken Language</b> (The first language you learned and still understand)
<b>Country of Citizenship</b>
<b>Immigration Status</b>
<ul style="list-style-type: none"><li><input type="radio"/> Canadian Citizen</li><li><input type="radio"/> Refugee</li><li><input type="radio"/> Other Permit (please specify):</li><li><input type="radio"/> Permanent Resident of Canada (Landed Immigrant)</li><li><input type="radio"/> Study Permit</li></ul>
<b>Application Term</b>
<ul style="list-style-type: none"><li><input type="radio"/> Summer 2022</li></ul>

### Emergency Contact Information

<b>Emergency Contact Name</b>	<b>Emergency Contact Relationship</b>
<b>Emergency Contact Address</b>	<b>Emergency Contact Phone Number</b>

### Deposit Fee

A \$300 CAD deposit is required to reserve a seat in the program. This deposit is fully refundable in the case that the program is cancelled due to insufficient enrolment, or if the applicant voluntarily withdraws before May 31<sup>st</sup> 2022. The deposit is non-refundable under all other circumstances. Once you have submitted this application form, we will contact you (at the email address provided) with instructions on how to pay your deposit and reserve your seat.

### Declaration

With regard to this application, I certify that 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 [eli@uleth.ca](mailto:eli@uleth.ca) from your preferred email address or submit a paper copy to the University of Lethbridge International Center (address located at top of the form.)

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Applicant's Signature (if submitting paper copy)  
Or initials (if submitting digital copy)

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Date of Application

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.

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.