



International

4401 University Drive
Lethbridge, Alberta, Canada
T1K 3M4

Phone 403.329.2053
Fax 403.382.7140

APPLICATION FOR JUNIOR ENGLISH SUMMER CAMP PROGRAMS

Please submit your application as early as possible. Please submit group applications together.

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 Address

This address will be used for print correspondence from the institution.

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

Permanent Address

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

| |
|------------------|
| Street Address |
| |
| City/Town |
| |
| Province/State |
| |
| Country |
| |
| Postal/Zip Code |
| |
| Telephone Number |
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|---|
| Email Address (will be used to communicate with you regarding your application to the University of Lethbridge) |
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Additional Information

| | |
|--|------------------------------------|
| First Spoken Language (The first language you learned and still understand) | |
| | |
| Country of Citizenship | |
| | |
| Immigration Status to Canada | |
| <ul style="list-style-type: none"><input type="radio"/> Canadian Citizen<input type="radio"/> Refugee<input type="radio"/> Other Permit (please specify):<input type="radio"/> Permanent Resident of Canada (Landed Immigrant)<input type="radio"/> Study Permit<input type="radio"/> Visitor | |
| Home University / Group Name | |
| | |
| Program Dates (YYYY/MM/DD) | |
| Date of arrival in Lethbridge: | Date of departure from Lethbridge: |

Emergency Contact Information

| | |
|--|---------------------------------------|
| Emergency Contact Name | Emergency Contact Relationship |
| | |
| Emergency Contact Email Address | Emergency Contact Phone Number |
| | |

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 jesc@uleth.ca.

Applicant's Signature

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; 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.