University of Lethbridge
Student Enrolment & Registrar Services
4401 University Drive
Lethbridge, Alberta
T1K 3M4
Fax: 403-329-5159
Phone: 403-320-5700
admissions@uleth.ca

APPLICATION FOR ADMISSION FOR EXCHANGE

This application is for exchange admission only. It is not a general application for admission to the University of Lethbridge. There is no fee associated with this application. This application must be submitted electronically.

International students wishing to attend the University of Lethbridge should contact the coordinator in their home institution before submitting an application.

Summer EAP (May-July) Deadline: March 1
Fall Semester (September - December) Deadline: May 15
Winter Semester (January to April) Deadline: November 1

Once an application has been received, a letter of acceptance will be sent to the student's host exchange coordinator.

Note: Before your application will be considered, our office must receive email confirmation of your nomination to the program from your exchange coordinator.

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/Given Name	**Legal Middle Name**
Former Last Name(s)/Family Name(s)/Surname(s) (if applicable)	
Preferred First Name	
Gender Female	**Date of Birth (YYYY/MM/DD)**

STUDENT CONTACT INFORMATION

Current 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 address, please provide an alternate mailing address.

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

Email Address
The email address you provide will be used to communicate with you regarding your application and admission to the University of Lethbridge.

ADDITIONAL INFORMATION

First spoken language (The first language you learned and still understand)

Country of Citizenship

Immigration Status:

- ○ Canadian Citizen
- ○ Permanent Resident of Canada (Landed Immigrant)
- ○ Study Permit
- ○ No Study Permit Required - One Term Exchange

Exchange Term

- ○ Fall Only - Undergraduate
- ○ Winter Only - Undergraduate
- ○ Fall + Winter - Undergraduate
- ○ Winter + Fall - Undergraduate
- ○ Summer EAP + Fall - Undergraduate
- ○ Fall EAP + Winter - Undergraduate

Campus	**Faculty or School**
☑ Lethbridge	- Select -

EDUCATIONAL BACKGROUND

Current Institution

- Select -

Program Major

Dates Attended

From (month/year) **To** (month/year)

DECLARATION

With regard to this application, I certify the 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 incoming@uleth.ca from your preferred email address.

_____ _____

Applicant's Signature *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; tel.: 403-332-4620.

Notwithstanding any policy of the University, by submission of this application, the applicant agress 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.

For Office Use Only

Visiting Student Authorization: ☐

International Centre Authorization: _____

Date of Authorization: _____