



Registrar's Office
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INTERNATIONAL RESEARCH STUDENT REGISTRATION FORM

I wish to register in: Spring _____ Fall _____ Summer _____
Year Year Year

Last Name:
First Name:
Middle Name(s):
Preferred First Name:

Permanent Mailing Address

Street, Box Number, Apartment Name:		
City or Town:	Province:	
Country:		
Postal Code:	Area Code	Telephone
Email Address:		

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified	Date of Birth: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Month (e.g. Jan)</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Day	Month (e.g. Jan)	Year			
Day	Month (e.g. Jan)	Year					

Post-Secondary Education:

Have you ever applied for admission to the U of L, or attended as an Open Studies Student? Yes No

If Yes, please provide University of Lethbridge ID Number

Declaration of Applicant: With regard to this application, I certify the particulars furnished are true and complete in all aspects, and no information has been withheld. I understand that falsifying documents or information on this application may result in penalties up to and including immediate permanent dismissal from the University. I understand that misrepresentation, falsification of documents, and/or the withholding of requested information in regard to this application are serious offences that may result in prosecution under the University of Lethbridge Calendar policies and/or the Criminal Code of Canada.

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.

Applicant's Signature _____ Date of Application _____