University of Lethbridge

ALC - ACCESSIBLE LEARNING CENTRE

NEW STUDENT INTAKE FORM

We adhere to a strict policy of maintaining confidentiality regarding your involvement with our services and support. The personal information on this form will not be provided to any third parties unless required by law.

STUDENT DATA

Last Name / First Name / Chosen Name / Middle Initial _____ Student ID #

Have you previously enrolled to the University of Lethbridge by any other First Names/Surnames? ☐ Yes ☐ No

Pronouns _____ (Ex: he, she, they, etc.) _____ Date of Birth (January 1, 2000)

Local Address Apt#/Street City Province Postal Code

Permanent Address (if different from above) Apt#/Street City Province Postal Code

( ) Local Phone# ( ) Cell # ( ) Alternate Telephone#

Email Address (University of Lethbridge) Alternate Email Address

ACADEMIC INFORMATION

Please answer the following questions regarding your University of Lethbridge studies:

Semester ☐ WINTER(Jan-Apr) ☐ SUMMER SESSIONS (May-Aug) ☐ FALL (Sept-Dec)

Campus ☐ ONLINE ☐ LETHBRIDGE ☐ CALGARY

Name of Faculty or School _____

Current/Intended Major _____

Year of Study (1st, 2nd, etc. _____

TYPE OF STUDENT FUNDING RECEIVED

☐ Student Loans

- **If checked, in which Province did you apply for Student Loans?** _____

☐ Band Funding from _____

☐ Other _____

Have you been previously approved for grants and/or funding for supports through Student Aid?

☐ Yes ☐ No ☐ Unsure

PROVINCE/COUNTRY of Permanent Residence: _____

STUDENT STATUS

Please check **one** of the following boxes

☐ If eligible, I am only interested in registering for **exam accommodations and/or in-class accommodations.**

☐ If eligible, I am only interested in applying for the **Canada Student Grant for Students with Permanent Disabilities and/or the Services and Equipment Grant for Students with Permanent Disabilities.**

☐ If eligible, I am interested in **all exam accommodations, in-class supports, and grant opportunities.**

☐ I am unsure of what services I am looking for and would like to speak with a Disability Advisor.

☐ Other: _____

ACCOMMODATION HISTORY

Have you ever had academic accommodations in place (such as a High School IPP, Previous Post-Secondary)?

☐ Yes

☐ No

How did you hear about us? _____

I prefer my intake appointment to be held: Virtually (via ZOOM) ☐ In-Person (On Campus) ☐

_____ _____

Student Signature **Date**

PRIVACY STATEMENT - The personal information collected on this form is for the purpose of assisting registered students with The ALC - Accessible Learning Centre in receiving academic accommodations. This collection is authorized by section 4(c) of the Alberta Protection of Privacy Act (POPA). The University of Lethbridge uses automated systems to generate content and make decisions, recommendations and predictions. The personal information collected may be included in these automated systems. For questions about the collection of personal information, contact the Privacy Officer, University of Lethbridge, 4401 University Drive West, Lethbridge, Alberta, T1K 3M4, privacy@uleth.ca, or 403-332-4620.