



# Application for Dual Admission

Submit to the Registrar's Office at College of the Rockies (COTR)



## PERSONAL INFORMATION

### 1. Name

The following names must be your **legal** names for use on all official University of Lethbridge documentation. Please PRINT clearly.

|  |              |
|--|--------------|
| Last Name/Family Name/Surname:                                 |              |
| First Name:  | Middle Name: |
| Former Last Name(s)/Family Name(s)/Surname(s) (if applicable): |              |
| Preferred First Name:  |              |

### 2. Email Address

Communication about your application for admission to the University of Lethbridge will be sent to this email address. Ensure that you check it regularly. After activating your admission, you will receive a University of Lethbridge email account that will be used to communicate with you.

|               |
|---------------|
| Email Address |
|---------------|

### 3. Current Address

(All correspondence regarding your application will be sent to this address)

|  |                 |            |
|--|-----------------|------------|
| Apartment and Street Address, and/or Box Number: |                 |            |
|  |                 |            |
| City or Town:                                    | Province/State: |            |
| Country:   |                 |            |
| Postal Code:                                     | Area Code       | Telephone: |
|  |                 |            |

### 4. Permanent Address (If different from Current Address)

|  |                 |            |
|--|-----------------|------------|
| Apartment and Street Address, and/or Box Number: |                 |            |
|  |                 |            |
| City or Town:                                    | Province/State: |            |
| Country:   |                 |            |
| Postal Code:                                     | Area Code       | Telephone: |
|  |                 |            |

### 5. Gender/Date of Birth

Gender:  Female  Male  Undeclared  Unspecified

|                |     |       |      |
|----------------|-----|-------|------|
| Date of Birth: | Day | Month | Year |
| Example:       | 01  | JAN   | 1985 |

### 6. Indigenous Ancestry

If submitted, this information will be used for statistical purposes and to notify Indigenous students of potential funding and events or opportunities of specific interest. This information does not affect the admission decision.

If you wish to declare that you are an Indigenous person, please specify:

First Nations Status  First Nations Non-Status  Métis  Inuit

*ALBERTA ADVANCED EDUCATION IS COLLECTING THIS PERSONAL INFORMATION PURSUANT TO SECTION 33(C) OF THE FOIP ACT AS THE INFORMATION RELATES DIRECTLY TO AND IS NECESSARY TO MEET ITS MANDATE AND RESPONSIBILITIES TO MEASURE SYSTEM EFFECTIVENESS OVER TIME AND DEVELOP POLICIES, PROGRAMS, AND SERVICES TO IMPROVE INDIGENOUS LEARNER SUCCESS. For further information or if you have questions regarding the collection activity, please contact the Director, Research, Accountability, and Data Collection, Advanced Learning and Community Partnerships Division, Alberta Advanced Education, 10155-102 Street, Edmonton AB, T5J 4L5, 780-422-4322 or Student Enrolment and Registrar Services.*

### 7. Immigration Status

(Check one only):

- Canadian Citizen  Permanent Resident of Canada (Landed Immigrant)  
 Student Permit  Other Permit (please specify): \_\_\_\_\_

If you are not a Canadian Citizen or Permanent Resident, do you have a current Study Permit for Canada?

- Yes, Expiry Date: \_\_\_\_\_  No

### 8. Country of Citizenship

If you checked Canadian Citizen in #7, go to #9.

**If you checked any status other than Canadian Citizen, then your application cannot be processed unless your Country of Citizenship is indicated:**

Country of Citizenship: \_\_\_\_\_

### 9. First Spoken Language

What is the first language you learned and still understand? \_\_\_\_\_

## APPLICATION DETAILS

### 10. UofL Program Details

Program: \_\_\_\_\_

Major: \_\_\_\_\_

Second Major (BASC. or Combined Degrees only): \_\_\_\_\_

Term intending to start studies at UofL:

**Deadline to Submit:**

Fall (September) Year: \_\_\_\_\_ August 15 (of the year prior to attending)

Winter (January) Year: \_\_\_\_\_ December 15 (13 months prior to attending)

### 11. Co-operative Education

**A Co-op work placement can help broaden your skills by giving you access to employers who provide a planned, supervised, paid work experience that will enhance your academic learning.**

Are you interested in learning more about the Co-operative Education Program at the UofL?

- Yes  No

## PREVIOUS AND CURRENT EDUCATION

### 12. High School (Secondary) Education

Attach transcripts for all schools attended for completion of grade 12.

### 13. Post-Secondary Education

Attach transcripts for all post-secondary institutions attended.

### 14. Application Fees: N/A

### 15. Declaration of Applicant

With regard to this application, I certify that 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 withdrawal of this application from the University of Lethbridge (UofL). I understand that misrepresentation, falsification of documents, and/or the withholding of requested information in regard to this application are serious offences under the UofL Calendar policies.

Information regarding applicants who submit falsified documents may be shared with other educational institutions.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- I authorize the UofL to request from and/or verify with other institutions any of my transcripts, in addition to those already submitted, directly or through ApplyAlberta.
- I agree that the UofL may report the status of my application to the partner institution.
- I authorize the partner institution to release my personal information, registration status, and any and all official transcripts received to the UofL to facilitate my dual admission and registration at the UofL. I understand that the UofL reserves the right to request these documents directly.
- If admitted to the UofL, I agree to comply with the regulations of the UofL. 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 described at the bottom of this page.

Signature of Applicant

Date of Application

## University of Lethbridge Protection of Privacy

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) and will be used to determine your eligibility for admission and registration. Upon admission to the University, your information may be shared with academic and administrative units to administer scholarships and awards, student services, planning and research, and alumni relations. Specific data will also be disclosed to the Federal and Provincial Governments to meet reporting requirements, and to the relevant student associations. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at foip@uleth.ca or 403-332-4620.