



Registrar's Office
4401 University Drive
Lethbridge, Alberta T1K 3M4
Fax: 403-329-5159
Phone: 403-320-5700
admissions@uleth.ca

APPLICATION FOR ADMISSION FOR ENGLISH FOR ACADEMIC PURPOSES (EAP)

Application deadlines and admission requirements vary by program, campus, and term. Detailed information on deadlines and admission requirements is available online at [Undergraduate Application and Document Deadlines](#).

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	Date of Birth (YYYY/MM/DD)
Alberta Student Number (if you have already been given one)	

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: <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident of Canada (Landed Immigrant) <input type="radio"/> Refugee <input type="radio"/> Study Permit Other Permit (please specify): _____
Application Term <input type="radio"/> Fall (Sept - Dec) 20____ <input type="radio"/> Spring (Jan - Apr) 20____ <input type="radio"/> Summer (May - Aug) 20____
Campus <input type="radio"/> Lethbridge

APPLICATION FEE

A Non-Refundable Application Fee of \$125 CAD is required to be submitted before your application can be processed.

Payment enclosed:* Cheque Money Order Card Number: _____ Expiry Date: _____
 Master Card VISA Cardholder Name: _____ 3-digit CVD: _____
 Global Pay Date Paid: _____

* Send your cheque or money order, with this form, to the Registrar's Office (address above)

If paying by credit card, fax this form to the Registrar's Office (1-403-329-5159)

Payment can be made through Global Pay: <http://www.uleth.ca/financial-services/international-student-payments>

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 admissions@uleth.ca from your preferred email address or submit a paper copy to the Registrar's Office using the address or fax number located at the top of the form.

Applicant's Signature if submitting paper copy

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.

For Office Use Only
Application fee received: \$125
Processed By Information Centre: _____
Date Processed Information Centre: _____
Processed By Admissions: _____
Date Processed Admissions: _____