



Registrar's Office  
4401 University Drive  
Lethbridge, Alberta T1K 3M4  
Fax 403-329-5159  
Phone 403-320-5700

## OPEN STUDIES REGISTRATION FORM

University of Lethbridge ID Number

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Alberta Student Number

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I have read or will read the regulations on Open Studies registration in the current Academic Calendar. Initial here \_\_\_\_\_

I wish to register in:  Spring \_\_\_\_\_ Year  Fall \_\_\_\_\_ Year  Summer \_\_\_\_\_ Year

I wish to register for:  Lethbridge Campus  Calgary Campus

I have enclosed:  \$20 non-refundable registration fee and the \$80 non-refundable tuition deposit

### Please Print

Last Name:	
First Name:	Middle Name(s):
Former Name(s) (if applicable):	
Preferred First Name:	

Sex:	Date of Birth:	Social Insurance Number														
<input type="checkbox"/> Female <input type="checkbox"/> Male	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Day</td> <td style="width: 20%;">Month (e.g. Jan)</td> <td style="width: 20%;">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				<table border="1" style="width: 100%;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Day	Month (e.g. Jan)	Year														

#### Permanent Mailing Address

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

#### Current Mailing Address (if different from above)

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

Marital Status:
<input type="checkbox"/> Not Married <input type="checkbox"/> Married <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Yes (65 years and older)

Are you registering in:
<input type="checkbox"/> Undergraduate Courses <input type="checkbox"/> Graduate Courses <input type="checkbox"/> PhD
Students not currently admitted to graduate programs must contact the Faculty for approval of registration.

Immigration Status:	<input type="checkbox"/> Canadian Citizen
	<input type="checkbox"/> Permanent Resident (Requires Permanent Resident documents to be submitted with this form)
	<input type="checkbox"/> Student Visa
	<input type="checkbox"/> Other Visa (please specify) _____
Country of Citizenship (to be completed by applicants who checked Landed Immigrant, Student Visa, or Other Visa): _____	

First Spoken Language:	What is the language you first spoke and still understand? _____						
If you have ever written TOEFL, IELTS, CAEL, CAE, CPE, or MELAB or taken U of L Advanced Level EAP, indicate date taken/completed and score. Official documents must be presented to the Registrar.							
Students whose first language is not English must meet the English Language Proficiency Requirement.							
Date	Score						
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Day</td> <td style="width: 20%;">Month (e.g. Jan)</td> <td style="width: 20%;">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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever attended another post-secondary education institution(s) (university, college, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you been required to withdraw from an educational institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, indicate:	Date						
	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Day</td> <td style="width: 20%;">Month (e.g. Jan)</td> <td style="width: 20%;">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					
Institution	_____						
Reason	_____						

- Students will register in courses using the BRIDGE ([www.uleth.ca/bridge](http://www.uleth.ca/bridge))
- Only students registering in a course that CANNOT be registered using the BRIDGE need to complete this section of the form (i.e. Independent Study, Co-op Work Experience, Dean's Approval courses, etc.)

#### Course Information

Name	Course	Section/CRN	Lab/CRN	Tutorial/CRN	Prerequisite verification attached, Initial for Yes if required.
e.g. CPSC	1000	A/10876	2/10877	02/10878	

Advisor Authorization signature if required.

Registration Authorization

Validation from Cashier

**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 \_\_\_\_\_

Graduate Studies Authorization Signature \_\_\_\_\_ Date of Authorization \_\_\_\_\_