University of Student Enrolment & Registrar Services Lethbridge 4401 University Drive Lethbridge, Alberta T1K 3M4 Fax: 403-329-5159

Phone: 403-320-5700 regoffice@uleth.ca

OPEN STUDIES REGISTRATION FORM

University of Lethbridge Student ID No	umber (if you have already been given one)				
Legal Last/Family/Surname					
Legal First/Given Name	Legal Middle Name				
Former Last Name(s)/Family Name(s)	(if applicable)				
Preferred First Name					
Gender o Female o Male o Undeclared o	o Unspecified Date of Birth (YYYY/MM/DD)				
Alberta Student Number (if you have al	ready been given one)				
STUDENT CONTACT INFORM	MATION				
Street Address					
City/Town	Province/State				
Country	Postal/Zip Code				
Telephone Number	Email Address				
ADDITIONAL INFORMATION					
Immigration Status					
Canadian Citizen o Permanent Resident of Canada (Landed Immigrant) o Refugee					
<u> </u>	Other Permit (please specify):				
Country of Citizenship (if not Canada)					
First Spoken Language (The first language	age you learned and still understand)				
Have you completed an English Langua					
If yes, please provide the exam and cou					
Have you ever applied to uLethbridge?	o Yes o No				
Indigenous Ancestry If submitted, this information will be used opportunities of specific interest.	d for statistical purposes and to notify Indigenous students of potential funding and events or				
If you wish to declare that you are an Ind	igenous person, please specify:				
o First Nations Status o F	First Nations Non-Status o Métis o Inuit				
Alberta Advanced Education is collecting	g 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, Data Management and Governance, Post-Secondary Policy and Strategy, Alberta Advanced Education, 10155-102 Street, Edmonton AB, T5J 4L5, 780-422-4322 or Student Enrolment and Registrar Services.

REGISTRATION INFORMATION Term o Fall (Sept - Dec) 20_ o Summer (May - Aug) 20_ o Spring (Jan - Apr) 20 **Campus** o Lethbridge o Calgary I am registering in o Undergraduate Courses o Graduate Courses o Ph.D. Courses o Dual Credit o Early Start HELPFUL TIP: If you are registering for Graduate or Ph.D. level courses, please contact the School of Graduate Studies for approval Course Registration When your Open Studies Registration form has been processed, you can check your registration time on the Bridge. You can register for most courses on the Bridge. Some courses are not available for registration on the Bridge (e.g. Dual Credit or Early Start). Register for those courses below. If a course that is being added has a lab and/or tutorial, please indicate each additional component on its own row. **Course Subject and Number** Section **CRN** (e.g. WRIT 1000) (e.g. A) (e.g. 10010) APPLICATION FEE All students are required to pay a \$60 non-refundable registration fee and a \$80 non-refundable tuition deposit. In-person (Lethbridge - SU140 or Calgary - S6032). Pay by debit, Visa, Mastercard, cash (Lethbridge Choose a payment method: only), or cheque. o Phone (403-320-5700). Pay by Visa or MasterCard. **DECLARATION** With regard to this form, I certify the information provided is true and complete in all aspects, and no information has been withheld. I agree, if accepted to the University of Lethbridge as an Open Studies student, to comply with the student regulations of the University. I understand my acceptance is not final until all required documents and fees have been received. I understand it is required that I complete this form and pay the appropriate fee/deposit every term I wish to be an Open Studies student. o I have read and accept the terms outlined above. Once complete, please save this form and attach it to an email addressed to regoffice@uleth.ca from your preferred email address or submit a paper copy to the Lethbridge Registrar's Office (SU140) or the Calgary Campus Office (S6032). Registrant's signature if submitting paper copy Date Graduate Studies' signature required if registering at graduate level Date 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 Universityrelated 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.

F	or Office Use O	nly		