



# APPLICATION FOR VISITING STUDENT AUTHORIZATION

*See Academic Schedule for Deadlines*

<b>University of Lethbridge ID Number:</b>	<b>Date:</b>
<b>Last Name:</b>	<b>First Name:</b>
<b>Program</b> (e.g. B.A.):	<b>Major</b> (e.g. Sociology):

**VISITING STUDIES HOST INSTITUTION** *(If more than one Host Institution is to be attended, complete a separate form for each one.)*

<b>Host Institution Name:</b> _____			
<b>Term(s)/Year(s) of visiting studies at Host Institution:</b> _____			
<b>Are you seeking to complete concurrent studies</b> (subject to policy and/or approval of your Faculty/School)?			Yes    No
<b>Is this part of the Explore Program</b> (flat \$100 VSA fee only – not course based)?			Yes    No
<b>Courses to be completed during Visiting Studies:</b>			
Course Subject and Number <i>(e.g. LGST 331)</i>	Credit Hours <i>(e.g. 3.0)</i>	Course Title <i>(from Host Institution Calendar)</i>	U of L Transfer Credit and Credit Hours <i>(e.g. PSYC 2XXX (3)) (For Office Use Only)</i>

*Note: Courses not previously assessed may not receive transfer credit and/or may not fulfill program requirements.*  
There is a **non-refundable** \$100 assessment fee for each course request.

**DECLARATION**

I acknowledge that consulting an academic advisor prior to submitting this application to pursue visiting student authorization is strongly advised. I have reviewed the policies, procedures and requirements for visiting student authorization communicated on the University's website, by my Faculty/School and within the [Academic Calendar](#). If my application for visiting studies is approved, I understand my responsibilities and how this affects my program.

**Once complete, please save this form and attach it to an email addressed to your [Faculty/School Advising office](#) from your '@uleth.ca' email address or submit a paper copy to your Advising office. If you are in a combined degrees program, submit the form to only one Faculty/School.**

\_\_\_\_\_ \_\_\_\_\_  
*Student signature required if submitting paper copy* *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 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](mailto:foip@uleth.ca); tel: 403-332-4620.

**UNIVERSITY OF LETHBRIDGE FACULTY/SCHOOL AUTHORIZATION**

<b>The Student has been granted approval to complete Visiting Studies in the following term(s)/year(s):</b> _____	
<b>Concurrent Studies Approved:</b> Yes    No    N/A	
<b>University of Lethbridge Faculty/School Comments:</b>	
_____	_____
<i>Faculty/School Signature</i>	<i>Date</i>
_____	_____
<i>Faculty/School Signature (if applicable for combined degrees program)</i>	<i>Date</i>

**For Office Use Only**