



증명  
사진



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

### APPLICATION FOR ADMISSION ENGLISH FOR ACADEMIC PURPOSES

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) 비우덕세요	
Legal Last Name(s)/Family Name(s)/Surname(s) HONG	
Legal First/Given Name GIL DONG	Legal Middle Name
Former Last Name(s)/Family Name(s)/Surname(s) (if applicable)	
Preferred First Name	
Gender Female	Date of Birth (YYYY/MM/DD) 1998/12/24
Alberta Student Number (if you have already been given one) 비우덕세요	

#### STUDENT CONTACT INFORMATION

##### Current Address

정주소

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.

이메일 주소



**ADDITIONAL INFORMATION**

Primary Language	KOREAN	
Country of Citizenship	Republic of Korea	
Immigration Status:	<input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident of Canada (Landed Immigrant) <input type="radio"/> Study Permit <input checked="" type="radio"/> Other Permit (please specify): _____ For Study Permit or Other Permit please indicate the Expiry Date: _____	
Application Term	<input checked="" type="radio"/> Fall (Sept - Dec) 20 <u>19</u> <input type="radio"/> Spring (Jan - Apr) 20 _____ <input type="radio"/> Summer (May - Aug) 20 _____	
Campus	<input checked="" type="checkbox"/> Lethbridge	

**APPLICATION FEE** 결제 가능 카드 정보 기입

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: 1234-5678-9012-3456 Expiry Date: 12/2023  
 Master Card  VISA      Cardholder Name: HONG, GIL DONG 3-digit CVD: 123  
 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](mailto: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.

HONG, GIL DONG      20/05/2019  
 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](mailto: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.

<b>For Office Use Only</b>
Application fee received: <input type="checkbox"/> \$125
Processed By Information Centre: _____
Date Processed Information Centre: _____
Processed By Admissions: _____
Date Processed Admissions: _____