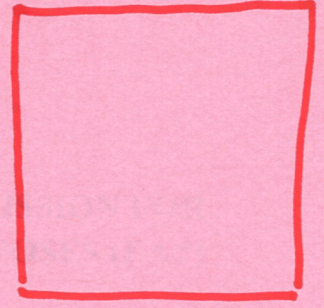




Registrar's Office
4401 University Drive
Lethbridge, Alberta T1K 3M4
Fax: 403-329-5159
Phone: 403-320-5700
admissions@uleth.ca

APPLICATION FOR ADMISSION ENGLISH FOR ACADEMIC PURPOSES



증명사진 부착

Application deadlines and admission requirements vary by program, campus, and term. Detailed information on 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) 비워두세요	
Legal Last Name(s)/Family Name(s)/Surname(s) 성	
Legal First/Given Name 이름	Legal Middle Name 비워두세요
Former Last Name(s)/Family Name(s)/Surname(s) (if applicable) 비워두세요	
Preferred First Name 비워두세요	
Gender Female / male 선택	Date of Birth (YYYY/MM/DD) 2004/01/01
Alberta Student Number (if you have already been given one) 비워두세요	

STUDENT CONTACT INFORMATION

Current Address

This address will be used for print correspondence from the institution.

Street Address 집주소 기입(도로명 영문주소)
City/Town Ulsan 또는 타 도시
Province/State 도(예: Gyeongsangnam-do)
Country Republic of Korea
Postal/Zip Code 우편번호(5자리) 지역번호
Telephone Number 전화번호 예시: +82-10-1234-5678 (휴대폰)

Permanent Address

If different from your current address, please provide an alternate mailing address.

Street Address 비워두세요
City/Town 비워두세요
Province/State 비워두세요
Country 비워두세요
Postal/Zip Code 비워두세요
Telephone Number 비워두세요

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

First Spoken Language (The first language you learned and still understand) 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"/> Refugee <input type="radio"/> Study Permit <input checked="" type="radio"/> Other Permit (please specify): 비워두세요		
Application Term <input checked="" type="radio"/> Fall (Sept - Dec) 20 ²⁴ <input type="radio"/> Spring (Jan - Apr) 20____ <input type="radio"/> Summer (May - Aug) 20____		
Campus <input checked="" type="checkbox"/> 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: 결제가능 카드번호 Expiry Date: 월/년/노
 3개 중 택1 ☒ Master Card ☐ VISA Cardholder Name: 카드 소유자명 3-digit CVD: 카드 뒷면 3자리
☒ Global Pay Date Paid: 비워두세요 CVC 번호

* 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.

영문 이름 정자 기입 일/월/년도

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:	<input type="checkbox"/> \$125
Processed By Information Centre:	비워두세요
Date Processed Information Centre:	비워두세요
Processed By Admissions:	비워두세요
Date Processed Admissions:	비워두세요