



Student I  
4401 Uni  
Lethbrid  
ulethbrid  
403-320

증명사진 부착

## APPLICATION FOR ADMISSION FOR ENGLISH FOR ACADEMIC PURPOSES (EAP)

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) (비워두세요)	
Legal Last Name(s)/Family Name(s)/Surname(s) 성 (예: Hong)	
Legal First/Given Name 이름 (예: Gil-dong)	Legal Middle Name (비워두세요)
Former Last Name(s)/Family Name(s)/Surname(s) (if applicable) (비워두세요)	
Preferred First Name (비워두세요)	
Gender Female <input checked="" type="checkbox"/> 드롭다운을 눌러 male/female 선택	Date of Birth (YYYY/MM/DD) 2004/12/30
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 집 주소 기입(도로명 영문 주소)
City/Town Ulsan (또는 타 도시)
Province/State 도(예: Gyeongsangnam-do) 광역시의 경우 생략
Country Republic of Korea
Postal/Zip Code 우편번호(5자리)
Telephone Number 전화번호(예시: +82-10-xxxx-xxxx)

#### 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.

이메일주소(gmail 권장)

## ADDITIONAL INFORMATION

<b>First Spoken Language</b> (The first language you learned and still understand) Korean		
<b>Country of Citizenship</b> Republic of Korea		
<b>Immigration Status:</b> <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		
<b>Application Term</b> <input checked="" type="radio"/> Fall (Sept - Dec) 20 <sup>26</sup> <input type="radio"/> Winter (Jan - Apr) 20____ <input type="radio"/> Summer (May - Aug) 20____		
<b>Campus</b> <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  
 3 중택 1 → ☐ 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](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.

영문 이름 정자 기입 (여권과 동일) ex) Hong Gil-dong      일/월/년도  
 Applicant's Signature if submitting paper copy      Date of Application

The personal information collected on this form 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. This collection is authorized by section 4(c) of the *Alberta Protection of Privacy Act (POPA)* and *Post-secondary Learning Act (Alberta)*. The University of Lethbridge uses automated systems to generate content and make decisions, recommendations and predictions. The personal information collected may be included in these automated systems. For questions about the collection of personal information, contact the Privacy Officer, University of Lethbridge, 4401 University Drive West, Lethbridge, Alberta, T1K 3M4, [privacy@uleth.ca](mailto:privacy@uleth.ca), or 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      작성금지
Processed By Information Centre:	_____
Date Processed Information Centre:	_____
Processed By Admissions:	_____
Date Processed Admissions:	_____