



We're happy to assist you with the admissions process.

Visit www.lethbridgecollege.ca/apply for details.

Living in Residence

Nothing will make you feel more at home on our campus than actually living here!

Lethbridge College Residence Life provides a warm, welcoming and convenient home away from home for more than 400 learners annually. We have some of the most **well-kept, modern student suites** in Canada, all designed to meet the needs of our learners.

We offer four-bedroom townhouses, two-bedroom suites, and family units in our Cullen Residences, and four-bedroom townhouses in our 30th Avenue Residences. Some of our two-bedroom suites are specially equipped for learners with physical disabilities.

Our units are fully **'self-contained'**, so you only need to bring your personal items (bedding, towels, etc.).

Each residence unit has:

- Kitchen, living room and bedroom furniture.
- Dishes, utensils, pots, pans, coffeemaker, toaster, iron and ironing board, broom and dustpan, mop and pail.
- Fridge, stove and microwave.
- High-speed internet modem.
- Basic cable hook-up.

We also provide:

- Common laundry facilities.
- Common recreation/meeting areas.
- Paid parking.

To have the best chance of being accepted and to get the unit of your choice, we suggest you apply for Residence **at the same time** you apply for your College program.

Applications are accepted on a first-come, first-served basis. Offers of residence will be made in April for the Fall term and the first week of December for the Winter term. Offers will continue as cancellations occur.

All of our residences are non-smoking.

Resident Assistants are on call after office hours and on weekends to assist students with problems or emergencies.

* For more information on our services and accommodations, to view floor plans, and to view current Residence rates, visit: lethbridgecollege.ca/go/residence or contact 403.329.7218 • 1.800.572.0103 (ext. 7218) • Res.Life@lethbridgecollege.ab.ca



Application for Residence

Lethbridge College Residence

3010 College Drive South • Lethbridge, AB • T1K 8A2

Tel. 403.329.7218 • Toll Free. 1.800.572.0103 • Fax. 403.327.9062 • Res.Life@lethbridgecollege.ab.ca

The personal information on this form is collected and protected under the authority of the Post-secondary Learning Act of Alberta and the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. This personal information is used to determine and verify your eligibility for Residence accommodation and for uses consistent with this purpose. If your application is accepted, this personal information will be used to operate and administer the services provided by Residence Life and for uses consistent with this purpose. This personal information is protected by the provisions of the Freedom of Information and Protection of Privacy Act. Questions can be directed to the Manager, Residence Life, 3010 College Dr. S., Lethbridge, AB T1K 8A2, 403-329-7280.

PLEASE COMPLETE ALL SECTIONS ON BOTH SIDES OF THE APPLICATION FORM. APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED.

I Require Residence From: _____ / _____ / _____ to _____ / _____ / _____
month day year month day year

IDENTIFICATION INFORMATION - Please print all information clearly:

Last Name: _____ First Name (legal): _____

Preferred Name (if different from Legal Name): _____

Lethbridge College I.D. #: _____ Birthdate: _____ / _____ / _____ Gender: Male or Female
year month day

Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

MAILING ADDRESS (Not your current Residence Address):

Street or Box Number: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone Number: _____ Cell Phone Number: _____

PROGRAM INFORMATION:

Program of Studies: _____ Year of Studies: _____
(1st, 2nd, 3rd, etc.)

Have you lived at Lethbridge College Residence before?: _____ If yes, year(s): _____ Unit #: _____

ROOM REQUEST - Please mark 1st, 2nd and 3rd choices:

Floor plans available at lethbridgecollege.ca/go/residence

_____ Single bedroom in a Cullen Townhouse (there are 3 single bedrooms & 1 super-single bedroom in each Cullen Townhouse)

_____ Super-single bedroom in a Cullen Townhouse (there is 1 super-single bedroom & 3 single bedrooms in each Cullen Townhouse)

_____ Single bedroom in a 30th Avenue Townhouse (there are 4 bedrooms in each 30th Avenue Townhouse)

_____ Single bedroom in a Cullen Two-bedroom Suite (there are 2 bedrooms in each Suite)

_____ Single bedroom in a Two-bedroom Suite for the disabled

_____ Family Unit (there are 2 bedrooms in each Unit; recommended for families of 4 or less)

Spouse: _____

Child 1: _____ Birthdate: _____

Child 2: _____ Birthdate: _____

Application for Residence Continued

ACCEPTANCE TO RESIDENCE IS NOT RESTRICTED ON THE BASIS OF HEALTH.
Please check one of the following statements:

- To the best of my knowledge I am in good health.
- I have a medical condition(s) which I would like to disclose to assist in the selection of accommodation.

Please specify the nature of the condition and medications, if any, being taken:

See Lethbridge College Policy 2.13, Academic Accommodation for Students with Disabilities at www.lethbridgecollege.ab.ca. Search "Academic Policies".

ALL LETHBRIDGE COLLEGE RESIDENCE UNITS ARE SMOKE-FREE.

I prefer an alcohol-free environment: Yes No

I understand that this application (accompanied by my \$25 application fee) establishes my original priority for assignment to residence if an/ or when I am accepted into the Residence in accordance with the established procedures. Upon receipt of an offer of Residence, I understand that a \$300 security deposit will be required by the deadline stated on the offer of Residence, to reserve my room. Make cheques payable to Lethbridge College.

\$25 application fee: Cheque
 Visa Card Number: _____ Expiry Date: _____
 Mastercard Card Number: _____ Expiry Date: _____

Name of Cardholder: _____ Signature of Cardholder: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if applicant is under 18 years of age): _____

For Office Use Only:

Date Received _____ Offered _____ Deadline _____

Comments: _____

Application for Admission

PROGRAM CHOICE: _____ **STUDENT ID:** _____

Session applied for: Fall (Sept 20__) Winter (Jan 20__) Summer (May 20__)
 Campus Location: Main Campus Distance Other, Please Specify _____
 Type of Student: Part Time Full Time Year of Entry: 1 2 3 4
 Previously Applied to Lethbridge College? Yes No

PLEASE ENCLOSE A \$55 NON-REFUNDABLE APPLICATION FEE

If you wish to pay the application fee by credit card, please complete the following:

Card Number: _____ Master Card Visa Expiry Date (MM) _____ (YY) _____

Print Name of Cardholder _____ Signature of Cardholder _____

PERSONAL INFORMATION - please type or print clearly:

Last Name (legal): _____ First Name: _____ Middle Name: _____

List All Former Names (if applicable i.e. maiden name):

MAILING ADDRESS:

Street, Avenue, P.O. Box Number: _____ City or Town: _____

Province: _____ Postal Code: _____ Country: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-mail: _____

Social Insurance Number: _____ Gender: Male Female

Birthdate: _____ / _____ / _____ Marital Status: Married / Co-Habitant Single Other
(YYYY/MM/DD)

If you wish to declare that you are an Aboriginal person, please specify:

Status Indian Non-Status Indian Metis Inuit

Alberta Advanced Education is collecting 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 Aboriginal Learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Advanced Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501.

Citizenship Status: Canadian Citizen Permanent Resident / Landed Immigrant Student Visa Work Visa

If not a Canadian Citizen, indicate your country of citizenship and date of entry into Canada:

Country _____ Year _____ Month _____ Day _____

Country of Residence during the previous year _____

Language First Spoken: English Other, Please Specify _____

Application for Admission Continued

Major Activity During the Last Year:

- High School Student
- Post Secondary Student
- In the work force (employed or seeking work)
- Other

Location:

- Alberta
- Other Province
- Outside Canada

Do you have a learning or physical disability that requires consultation with our Disability Counsellor? Yes No

PREVIOUS EDUCATION:

High School Last Attended _____ City/Province _____

Years Attended From _____ To _____ Highest Grade Completed _____

Diploma Received/Expected Yes No

Transcript: Enclosed Forthcoming On file Alberta Education ID Number _____

If you have attended more than one post-secondary institution, please attach a listing with the same information as below:

College, Technical Institute or University Attended _____

Location _____

Years Attended From _____ To _____ Program _____

Credential Received/Expected Yes No - If yes, specify credential _____

Date Awarded Year _____ Transcript: Enclosed Forthcoming On file

To be considered for Advance Credit official transcripts must be submitted to the Admissions Office.

What influenced you to apply? _____

Alternate Contact:

Name _____ Telephone: _____

Declaration of Consent

I certify that I have read and understood all the instructions and information accompanying this application form. I declare that the information given in this application and that all statements made in connection with this application are true and complete. I understand that falsifying documents or information on this application may result in not being admitted into the program or the College, or permanent dismissal from the College. If admitted, I agree to comply with all rules and regulations in existence or as amended from time to time by the Board of Governors of Lethbridge College.

Signature: _____ Date: _____

The personal information requested on this form is collected and protected under the authority of the Alberta Post-secondary Learning Act, the Alberta Freedom of Information and Protection of Privacy (FOIP) Act, the Canada Student Financial Assistance Act, the Canada Student Loans Act and the Income Tax Act. This information is used to determine and verify your eligibility for admission to a program of studies at Lethbridge College, and will form part of the student record. If you are accepted, your information will be used to facilitate your registration and for internal operational purposes including administering and evaluating College programs, facilitating the scholarship and awards program, for income tax purposes, for statistical purposes and for other uses consistent with these purposes. Information may be disclosed to the Alberta government for statistical, funding, planning, policy development, reporting, and research purposes, to the Alberta Scholarship Foundation for student award nomination / verification purposes, to the Alberta Students Finance Board for student loan reporting purposes, and to the Lethbridge College Students' Association and the Lethbridge College Alumni Association in accordance with contractual agreements. The following information is defined as the student's public record: name, dates of registration and graduation, academic program, and credential awarded. All other data on the student record is considered confidential and will be collected, used and disclosed in accordance with the FOIP Act. Questions can be directed to the Assistant Registrar, Records and Systems, Lethbridge College, 3000 College Drive S., Lethbridge, AB T1K 1L6, 403-320-3400.