Course Proposal Application  
Work Experience

**University of Lethbridge Applied Studies**

**Course Proposal Application - Work Experience**

Students applying for an Applied Studies course at the University of Lethbridge need to submit a Work Placement Application and Course Proposal Application.

This Course Proposal Application will need to be approved by an Applied Studies Instructor for a Work Experience course.  Once all documents have been approved, an Applied Studies Instructor will register you for your course and send confirmation.

Student’s First Name

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Student’s Last Name

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Student’s University of Lethbridge Email

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Student’s ID Number

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Consulting Applied Studies Instructor

* Select Instructor you have been working with

Academic Supervisor (may be the same as your Consulting Applied Studies Instructor)

* Select Instructor agreed to take on your course

Degree

* Bachelor of Arts
* Bachelor of Education
* Bachelor of Fine Arts
* Bachelor of Health Sciences
* Bachelor of Management
* Bachelor of Music
* Bachelor of Nursing
* Bachelor of Science
* Masters

Major(s)

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Minor(s), if applicable

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Year of Study

* 1
* 2
* 3
* 4
* Other

Cumulative GPA

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Applied Studies Semester

* Fall
* Spring
* Summer

Academic year you are taking the course.

* Select Year

Type of Work Experience course  
  
  
Applied Studies 2000 - Pass/Fail  
Applied Studies 2010 - Graded

* Applied Studies 2000
* Applied Studies 2010

Liberal Education Designation

* Fine Arts/Humanities
* Science
* Social Science
* No designation

Proposed Course Title (limited to 100 characters)

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What are you hoping to achieve through this course? Tell us in approximately 300 words how the work placement and academic project will help you accomplish these goals.

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What is the preliminary focus of your academic paper/project? What questions, research, theories, and/or academic concepts do you wish to pursue in relation to your work placement?

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I certify that the particulars furnished are true and complete in all respects, and that no information has been withheld. I understand that falsifying documents or information on this application will result in immediate permanent dismissal from the Applied Studies Program.   
  
 I understand that any positions initiated by the University of Lethbridge Applied Studies Program will be registered as an Applied Studies course.   
  
 I give permission for the University of Lethbridge Applied Studies office to give/receive information regarding grades, transcripts, and evaluations to/from the Fieldwork Supervisor and the Faculty Supervisor.   
  
 I understand that the Applied Studies office will retain a copy of my academic transcript for my Applied Studies file. By submitting this application, you authorize the verification of the information provided on this form and agree to the terms set out in this form.   
  
 Protection of Privacy – If the information contained in the above authorization is personal information governed by the Alberta Freedom of Information and Protection of Privacy Act, such personal information on this form is collected under the authorization of Section 33(c) of that Act and is protected under Part 2 of that Act.   
  
 Such personal information will be used for the purpose of application to Applied Studies courses at the University of Lethbridge and for the purpose of managing the consent for disclosure of personal information process.  Direct any questions about this collection to: Director, Governance (403) 329-2201.   
  
 This form will be retained and disposed of in accordance with approved records retention and disposal schedules of the University of Lethbridge.

* I consent