



# Summer Session

THE UNIVERSITY OF LETHBRIDGE

January 31, 1979

Mr. Don E. Crabtree  
Route 1, Box 210  
Kimberley, Idaho  
U.S.A. 83341

Dear Mr. Crabtree:

Re: University of Lethbridge Summer Session Appointment

On the advice of the Department of Anthropology, I am now able to finalize your appointment for the 1979 Summer Session. They have indicated that you would offer Anthropology 3908 - Prehistoric Technologies: An Experimental Approach from July 30 to August 3, 1979.

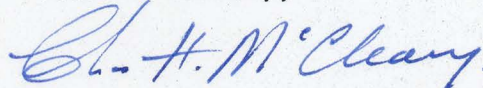
The conditions of the appointment are as follows:

1. The Summer Session stipend of \$1600.00 will be paid at the end of the course.
2. A travel allowance equivalent to economy air fare return from Twin Falls, plus return mileage from Kimberley to Twin Falls at a rate of 22 cents per mile, plus incidental transportation of \$25.00, plus living allowance of \$125.00 will be paid to you on arrival in Lethbridge.

Your signing and returning the original of this letter will confirm your acceptance of the appointment. The enclosed duplicate is for your records.

If you wish your students to purchase texts, please complete the enclosed Text Requisition Form and return to us by April 15, 1979. If not, please return a nil order. Also, please submit a concise course outline indicating objectives, content to be covered, skills to be acquired, evaluation, etc. An early reply would be appreciated.

Yours sincerely,



C.H. McCleary  
Director of Summer Session

AGREED:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

le-29-B-3.1

THE UNIVERSITY OF LETHBRIDGE — RESIDENCE APPLICATION/CONTRACT

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

PERMANENT HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

FACULTY \_\_\_\_\_ MAJOR \_\_\_\_\_

I.D. NO. \_\_\_\_\_ (if known)

PLEASE CHECK YEAR & SESSION:

- FIRST
- SECOND
- THIRD
- FOURTH
- OTHER ( \_\_\_\_\_ )
- FALL
- SPRING
- SUMMER I
- SUMMER II
- SUMMER III

- Canadian Student
- Visa Student

ROOM PREFERENCE:  SINGLE  DOUBLE  DOUBLE-SINGLE (if offered)

ROOMMATE(S) SELECTION MUST BE INCLUDED WITH THIS APPLICATION/CONTRACT FORM.

APPLICATION:

DATE REC'D

CHECK-IN NO.

ROOM NO.

BOARD NO.

For Office Use Only

ce-29-8-3.2

**HOW TO APPLY:**

The completed application, roommate selection form and required advance payment should be submitted to the Controller's Office as early as possible. Please make cheques payable to *The University of Lethbridge*.

**ADVANCE PAYMENT:**

No places in Residence will be assigned without the initial \$20.00 non-refundable advance payment. The remaining \$67.00 of the advance payment includes \$5.00 Residence Organization fee and \$2.00 key deposit. This amount must be received by July 31 or the last business day in July for the Fall Semester, and by November 30 or the last business day in November for the Spring Semester.

**Summer Sessions** — The applicant should submit a \$20.00 non-refundable advance payment with the application to the Controller's Office. The balance of the fees for each Session must be paid by the first day of classes for the respective Session.

**CANCELLATION AND REFUNDS:**

Applicants who cancel their reservation before August 1 for the Fall Semester and December 1 for the Spring Semester will have all monies refunded less \$20.00. Cancellation on or after these dates will entitle the applicant to a refund of all monies less \$87.00 (the full advance payment). Should a student move into his/her assigned room and then decide to cancel, the charge will be at a per diem rate for the days of occupancy plus 20 days notice.

**Summer Sessions** — Cancellations received up to five days after the commencement of classes will entitle the applicant to a refund of one-half the full Session fee. No refunds will be issued if notification is given after five days.

*The University reserves the right to refuse applications for Residence accommodation and to cancel agreements during the session.*

**To be completed by Parent or Guardian if Student is under 18 years of age**  
I guarantee payment of all charges for room, board, and damage which the above student may incur while residing in the Residence Halls at the University of Lethbridge.

**CONTRACT**

I acknowledge that I have read the Residence Brochure and above information and agree to abide by all of the terms and conditions stated therein.

\_\_\_\_\_  
Student's Signature

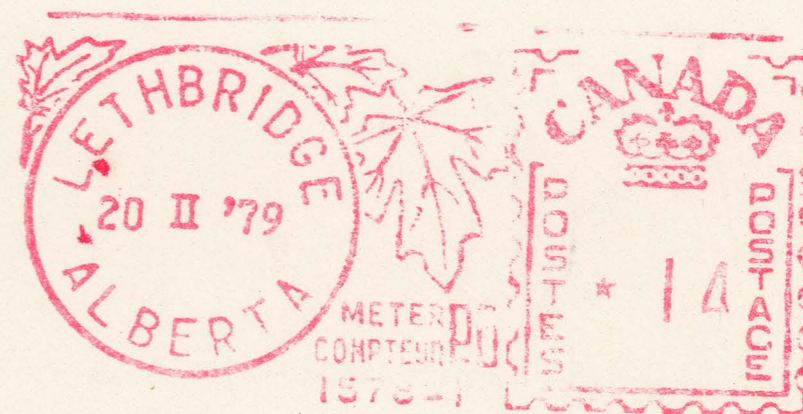
\_\_\_\_\_  
FATHER/MOTHER/GUARDIAN

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY & PROVINCE/STATE

THE UNIVERSITY OF LETHBRIDGE  
4401 UNIVERSITY DRIVE  
LETHBRIDGE, ALBERTA, CANADA T1K 3M4

Co. 29-8-3.3



Mr. Don E. Crabtree  
Rte. 1, P.O. Box 210  
KIMBERLEY, IDAHO  
U.S.A. 83341