

# Course Registration



TRU-OL Student Services  
4th floor BCCOL Building  
900 McGill Road  
Kamloops BC V2C 0C8  
Fax: 250-852-6405  
[truopen.ca](http://truopen.ca)



## GENERAL INFORMATION

- Complete and submit this form to register in courses (or register online).
- Applicants intending to complete a credential with Thompson Rivers University, Open Learning (TRU-OL) or applying for transfer credit are required to complete and submit the Program Admission form.
- Before registering for courses, confirm course availability and ensure prerequisites have been met by referring to the TRU-OL website or by contacting Student Services.
- Please complete both sides of this form to ensure your course registration will be processed efficiently.
- Applicants are not normally required to submit transcripts.
- Contact Student Services for more information.  
Email: [student@tru.ca](mailto:student@tru.ca) or phone: **1.800.663.9711** (toll-free in Canada) or **250.852.7000** (Kamloops and International).

I HAVE A TRU STUDENT NUMBER YES  NO   
ENTER TRU STUDENT NUMBER

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## PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)

FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)

PREVIOUS SURNAME (if applicable)

MAILING ADDRESS (include buzzer code if applicable)

MAILING ADDRESS—SECOND LINE (if necessary)

CITY / TOWN / VILLAGE

PROVINCE / STATE POSTAL CODE / ZIP CODE COUNTRY

PRIMARY TELEPHONE NUMBER SECONDARY TELEPHONE NUMBER  
Area Code Local Area Code Local

EMAIL ADDRESS (print clearly)

DATE OF BIRTH GENDER COUNTRY OF CITIZENSHIP  
Day Month Year  M  F

VISA STATUS (NON-CANADIAN) IF RESIDING IN CANADA  
 Student  Permanent Resident (Landed Immigrant)  Visitor  Work Permit Diplomat  Other

## DISABILITY SERVICES REQUIREMENT

I require Disability Services related assistance or accommodations for my course(s), including materials, exams, funding, or special request.

YES  NO

If yes, your registration application will be placed in "pending status" until all details are confirmed.

## EMPLOYMENT TYPE\*

Check (✓) the box that reflects your current activity.

- A. Student  D. Retired  
 B. Employed  E. Undeclared  
 C. Unemployed  F. Incarcerated

## EDUCATION LEVEL\*

Check (✓) the box that reflects the highest level of education that you have completed.

- 21 Elementary  25 College certificate/diploma  
 22 Some secondary  26 University degree  
 23 Secondary school graduate  27 Undeclared  
 24 Some post-secondary  28 Other

## EDUCATION GOAL\*

I intend to complete a credential with TRU-OL. Check (✓) the most appropriate box. YES  NO

- 10 Grade 10/11 Certificate  CR General Upgrading  
 12 Grade 12 Adult Graduation  DI Diploma (TRU)  
 AS Associate Degree (TRU)  GE General Interest, Career Upgrading  
 BA Bachelor's Degree (TRU)  TC Transfer Credit (Visiting Student)  
 CE Certificate (TRU)  00 Undeclared

## ABORIGINAL SELF-IDENTIFICATION (OPTIONAL)

Do you identify yourself as an Aboriginal in Canada? YES  NO

Do you identify with one or more of the following:  
First Nations  Métis  Inuit

\*Note: This information is collected for statistical purposes only and will not affect your eligibility for admission into courses and programs.

## REGISTER ONLINE, BY PHONE, OR BY FAX

[www.truopen.ca](http://www.truopen.ca)  
1-800-663-9711 (toll-free in Canada)  
250-852-7000 (Kamloops and International)  
Fax: 250-852-6405

## REGISTER BY MAIL

TRU-OL, Student Services  
BC Centre for Open Learning, 4th Floor  
900 McGill Rd., Kamloops, BC  
Canada V2C 0C8

SURNAME (legal)

FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)

TRU STUDENT NUMBER

Grid for TRU Student Number

COURSE(S) SELECTION Please complete all information in order to ensure your course registration will be processed efficiently.

Table 1: Course Selection Form with columns for Course Letter Code, Course Number, Format (Print/Web), Course Title, Fee, CRN, and Term.

Table 2: Course Selection Form with columns for Course Letter Code, Course Number, Format (Print/Web), Course Title, Fee, CRN, and Term.

Table 3: Course Selection Form with columns for Course Letter Code, Course Number, Format (Print/Web), Course Title, Fee, CRN, and Term.

Table 4: Course Selection Form with columns for Course Letter Code, Course Number, Format (Print/Web), Course Title, Fee, CRN, and Term.

Table 5: Course Selection Form with columns for Course Letter Code, Course Number, Format (Print/Web), Course Title, Fee, CRN, and Term.

REGISTRATION PAYMENT (DEPOSITED ON RECEIPT)

Applicants residing outside British Columbia and the Yukon are charged higher fees. Refer to the TRU-OL website or contact Student Services for details.

TOTAL FEES PAID (CDN) \$ \_\_\_\_\_

CHEQUE \$ \_\_\_\_\_ MONEY ORDER \$ \_\_\_\_\_

Cheque/money order payable to Thompson Rivers University.

PASSPORT TO EDUCATION \$ \_\_\_\_\_

SPONSORSHIP (Attach sponsor's letter of authorization) \$ \_\_\_\_\_

FULL-TIME FINANCIAL AID/AWARDS \$ \_\_\_\_\_

PART-TIME FINANCIAL AID/AWARDS (Attach application form) \$ \_\_\_\_\_

COURSE MATERIALS

Course materials for courses delivered by TRU-OL are included with your registration, unless otherwise stated in the detailed course information. The materials will be shipped directly to the mailing address provided on this form. Courses delivered by our consortium partners, Simon Fraser University and the University of Victoria, do not include materials. Materials are purchased separately through the delivering institution.

CREDIT CARD Phone 1-800-663-9711 for information on how to pay online using a credit card and to confirm course fees.

Declaration:

I understand and agree that: (i) this is a registration for a TRU-OL course and is subject to the limitation of available resources; (ii) any misrepresentation of information may result in the cancellation of my registration and such misrepresentation may be shared with other post-secondary institutions; (iii) information placed in my student record will be used for the purpose of admission, registration, record keeping, statistical research, or program evaluation and for purposes consistent with the administration of the University and its programs and services including the programs of student societies/student unions, alumni associations and the Thompson Rivers University Foundation; (iv) my personal information will be reported as required by provincial or federal authority; (v) I am subject to the policies and rules of TRU and TRU-OL. I certify that all statements on this application are true and complete and I authorize TRU to verify them.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_