

SURNAME (legal)

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

TRU-OL STUDENT NUMBER

Grid for student number

COURSE(S) SELECTION (Complete all information. Incomplete forms will not be processed.) A course requires twelve to fifteen (12-15) hours study time per week.)

Table with columns: COURSE LETTER CODE, COURSE NUMBER, FORMAT: CHECK ONE (PRINT, WEB), COURSE TITLE, FEE, CRN, TERM

PREREQUISITES — Indicate how and when you met required prerequisites (failure to include this information may cause registration delays).

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PREREQUISITES — Indicate how and when you met required prerequisites (failure to include this information may cause registration delays).

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 (Attach Fee Deferral and Study Contract) \$ _____

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 your 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.

AMERICAN EXPRESS \$ _____

MASTERCARD \$ _____

VISA \$ _____

EXPIRY DATE MONTH YEAR

CARD NUMBER

Grid for card number

NAME ON CARD

(print)

CARDHOLDER'S SIGNATURE _____

Every student accepted for registration with Thompson Rivers University, Open Learning will be deemed to have agreed to be bound by the regulations and policies of the university and of the program, if applicable, in which that student is enrolled, including cancellation, withdrawal, fee penalties, possible refunds, student conduct, and grading.

I hereby certify that the information I have submitted on this form is true and correct. Completion of this signed form permits Thompson Rivers University, Open Learning to request and/or confirm any information necessary to support my registration. Falsification of any documents or information submitted will result in the immediate cancellation of registration at Thompson Rivers University, Open Learning, and this information will be shared with other educational institutions. In signing this form I understand that the information collected on this form is collected under the authority of the Thompson Rivers University Act (BC). The information provided will be used for the sole purposes of registration, consistent with the educational mandate of Thompson Rivers University, and may be shared with those educational institutions that offer programs in association with or in collaboration with Thompson Rivers University, Open Learning. Information placed in my student record will be used for the purpose of admission, registration, recordkeeping, including release to the TRU Foundation and the TRU Alumni Association for use in affinity programs or for a use consistent with these purposes.

STUDENT'S SIGNATURE _____

DATE _____