

APPLICATION FOR ADMISSION – Graduate Studies

TRU Admissions Office: Graduate Studies
 P.O. Box 3010, 900 McGill Road, Kamloops, British Columbia, Canada V2C 5N3
 Email: graduate.admission@tru.ca Phone: +1-250-828-5071

Instructions and checklist

- Please print clearly if filled by hand.
- Select your program. You may wish to correspond directly with the Chair of the Program Committee to be sure this is the right program for you.
- Complete the entire application form.
- For MBA attach evidence of GMAT of 500 or higher.
- Attach evidence of English proficiency if your first language is not English.
- Request one official transcripts from each post-secondary institution in its original language. If the language is not English, also request a certified transcript in English. TRU graduates do not need to request their TRU transcript.
- Request two confidential letters of recommendation: Detach the reference forms from this application and forward them to your referees.
- Attach your resume and letter of intent.
- Enclose non-refundable fee of \$100 or complete credit card information. If paying by certified cheque, money order, bank draft or bank wire transfer, attach the document.

Program

<input type="checkbox"/> Master of Education	<input type="checkbox"/> Master of Science: Area of concentration
<input type="checkbox"/> Master of Business Administration	<input type="checkbox"/> Ecology and Evolution
	<input type="checkbox"/> Physical Sciences
	<input type="checkbox"/> Policy and Management

When do you plan to begin this program? (mmyy) _____

Name and contact information

Last Name _____ First Name _____
 Middle Name _____ Preferred Name _____
 Previous last name(s) _____

Current mailing address

Street Address/P.O. Box/ Rural Route # _____ City _____
 Province/State _____ Country _____
 Postal/Zip Code _____ Phone _____
 Fax _____ Email _____

Permanent mailing address (if different from current address)

Street Address/P.O. Box/ Rural Route # _____ City _____
 Province/State _____ Country _____
 Postal/Zip Code _____ Phone _____
 Fax _____ Email _____

Emergency contact

Last Name _____ First name _____ Relation _____
 Street Address/P.O. Box/ Rural Route # _____ City _____
 Province/State _____ Country _____
 Postal/Zip Code _____ Phone _____
 Fax _____ Email _____
 Email _____

Gender: Male Female Date of Birth (ddmmyy) _____
 Country of citizenship _____ Canadian SIN/SSN _____
 Immigration Status (non-Canadians): Landed Immigrant Student Visa Other Visa Unknown
 Date of entry, or intended entry into Canada (ddmmyy) _____
 Please send me information on campus residence and meal plans or other housing.

Languages

First Language spoken _____
 Other languages spoken _____
 Other languages written _____

For international students whose first language is not English:

When did you take or plan to take an English language proficiency test? (ddmmyy) _____
 Name of English proficiency test taken _____

Colleges, universities or other post secondary schools attended

School name	Dates attended (mmyy-mmmyy)	Major area of study	Degree granted (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Canadian Aboriginal applicants;

Please check if you wish to be identified as an Aboriginal person
(An aboriginal person is identified in accordance to the Constitution Act of 1982, Part II, Section 35(2) as “an Indian, Métis or Inuit person of Canada”)

If you have chosen to identify as an Aboriginal person, for statistical purposes, we invite you to select one or more of the three options that best describe your Aboriginal identity:

Indian/First Nations (including Status, non-Status, Treaty and non-Treaty) Métis Inuit

Please provide the contact information for two referees who are qualified to comment on your ability to pursue graduate studies. The reference forms are attached to this application form. Please complete Part A of the reference forms and provide your referees with the forms. References must be sent directly to TRU by your referee.

Reference 1:

Name _____
 Position _____ Organization _____
 Full mailing address _____
 Telephone _____ Fax _____
 Email _____

Reference 1:

Name _____
 Position _____ Organization _____
 Full mailing address _____
 Telephone _____ Fax _____
 Email _____

Application fee

I have enclosed a non-refundable Admission Application Fee of 100 CAN\$ (new students only):

- Certified cheque or money order (attach document) - Reference # _____
- Bank transfer (attach copy) - Reference # _____

Bank transfer details: Thompson Rivers University, Acct#92-03214, Transit #00050, Swift Code CIBCCATT,
Canadian Imperial Bank of Commerce, 304 Victoria Street, Kamloops BC Canada, V2C 2A5

- Credit card Visa MasterCard American Express I authorize to charge 100 CAN\$

Credit card number _____

Expiry Date _____

Cardholder name _____

Signature _____

Agent Referral

Agent referral (if applicable): name of agency _____

Contact name _____

Street Address/P.O. Box/ Rural Route # _____

City _____ Province/State _____

Country _____ Postal/Zip Code _____

Phone _____ Fax _____

Email _____

Declaration

I understand and agree that (i) this is an application for a TRU program only and is subject to the limitation of available resources; (ii) any misrepresentation of information in this application may result in the cancellation of my admission or registration; (iii) information placed in my student record will be used for the purpose of admission, registration, record keeping, including release to the TRU Foundation and TRU Alumni Association or for a use consistent with these purposes; and (iv) if I am admitted to a program, I am subject to the policies and rules of TRU. I certify that all statements on this application are true and complete and I authorize TRU to verify them.

Signature _____ Date _____

Send all documents to:

TRU Admissions Office: Graduate Studies
P.O. Box 3010, 900 McGill Road
Kamloops, British Columbia Canada V2C 5N3

or
Email: graduate.admission@tru.ca
Fax: +1-250-371-5960

Reference Form for Graduate Studies Admission

Part A: To be completed by applicant.

Applicant's last name _____
 First name _____ Middle name _____

Part B: To be completed by referee

Please rate the applicant according to each of the following criteria:

	Excellent	Very good	Satisfactory	Unsatisfactory	No basis for judgement
Scholastic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholastic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for success in graduate studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for career success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the candidate? _____
 In what capacity _____

Based on your knowledge of the candidate, do you recommend the candidate for admission to Graduate Studies at Thompson Rivers University?

Yes, with no reservations Yes, with reservations No

What do you consider to be the candidate's strongest assets? _____

What do you consider to be the candidate's weaknesses or limitations in terms of graduate studies? _____

Please note any contributions you are aware of that the candidate has made to his/her school or community: _____

Please elaborate on previous comments or provide additional ones (use a separate sheet if necessary): _____

Referee information

Name _____ Signature _____
Position _____ Company/School _____
Address _____
Email _____ Telephone _____

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Potential for success in graduate studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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