

# PART-TIME FEE DEFERRAL APPLICATION

## FOR STUDENTS WITH APPROVED GRANTS AND/OR LOANS

For Online and Distance Education Programs



THOMPSON RIVERS  
UNIVERSITY

OPEN LEARNING

Name \_\_\_\_\_

S.I.N. | | | | | | | | | |

TRU Student # \_\_\_\_\_

### Please read each point—your signature below indicates your full agreement.

1. I REQUEST REGISTRATION in the course(s) listed on the **attached Course Registration form**.
2. I ACKNOWLEDGE that the **fees payable** on the attached **Course Registration form** are fully due and payable upon acceptance of my registration and **I agree to pay** such sum. I have confirmed that the requested courses are currently available and that I possess the required prerequisites.
3. I REQUEST A DEFERRAL OF PAYMENT upon receipt of my student grant and/or loan documents. I accept that this deferral shall be for a period of no longer than three weeks from the start of the **loan period** above and I AGREE that I will pay in full, the **fees payable** as shown on the attached **Course Registration form**, on or before the expiry of three weeks from the loan period start date, even if I do not receive a student loan.
4. In consideration of Thompson Rivers University registering me in the courses listed on the **attached Course Registration form**, I HEREBY DIRECT that Thompson Rivers University may negotiate, without recourse, the cheque or cheques representing any provincial or federal student grant and deposit such funds in the accounts of Thompson Rivers University and may pay Thompson Rivers University therefrom their **fees payable** as shown on the **attached Course Registration form** and any other outstanding fees subject to Thompson Rivers University remitting to me within three weeks any funds in excess of such fees.
5. I DECLARE that I have read the Thompson Rivers University, Open Learning Calendar and I agree to and accept all terms and conditions therein relating to my responsibility for payment of **course fees** in the event of registration cancellation, withdrawal, lack of eligibility or any other matter stated therein.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**Scan and email to:** [OLfinaid@tru.ca](mailto:OLfinaid@tru.ca)

**Mail:** Financial Aid and Awards Office  
Thompson Rivers University, Open Learning  
900 McGill Road  
Kamloops, BC V2C 0C8

**Fax:** 250.371.5668