

COURSE REGISTRATION

Williams Lake Learning Centre

TRU-OL Student Services, BC Centre for Open Learning, 4th Floor
900 McGill Road, Kamloops, BC V2C 0C8
Fax 250.852.6405 www.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/Transfer Credit 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.
- Complete both sides of the form. Incomplete forms will not be processed.
- Applicants are not normally required to submit transcripts.
- Contact Student Services for more information or to register for three or more courses. Email: student@tru.ca or phone: 1.800.663.9711 (toll-free in Canada) 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)	
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FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
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PREVIOUS SURNAME (if applicable)

MAILING ADDRESS (include buzzer code if applicable)

MAILING ADDRESS—SECOND LINE (if necessary)
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CITY / TOWN / VILLAGE

PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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HOME TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER
Area Code	Area Code Local

EMAIL ADDRESS (print clearly)

DATE OF BIRTH	GENDER	COUNTRY OF CITIZENSHIP
Day Month Year	<input type="checkbox"/> M <input type="checkbox"/> F	

SOCIAL INSURANCE NUMBER									

VISA STATUS (NON-CANADIAN) IF RESIDING IN CANADA				
<input type="checkbox"/> Student	<input type="checkbox"/> Permanent Resident (Landed Immigrant)	<input type="checkbox"/> Visitor	<input type="checkbox"/> Work Permit	<input type="checkbox"/> 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 code corresponding most closely to your present main activity (for statistical, purposes only and will not affect eligibility for courses and programs).

- | | |
|--|---|
| <input type="checkbox"/> A. Student | <input type="checkbox"/> D. Retired |
| <input type="checkbox"/> B. Employed | <input type="checkbox"/> E. Undeclared |
| <input type="checkbox"/> C. Unemployed | <input type="checkbox"/> F. Incarcerated (e.g., in prison)
(used for administrative purposes only) |

EDUCATION LEVEL

Check (✓) the code corresponding most closely to the highest level of education that you have completed (for advising and statistical purposes only and will not affect eligibility for courses or programs).

- | | |
|---|---|
| <input type="checkbox"/> 21 Elementary | <input type="checkbox"/> 25 College certificate/diploma |
| <input type="checkbox"/> 22 Some secondary | <input type="checkbox"/> 26 University degree |
| <input type="checkbox"/> 23 Secondary school graduate | <input type="checkbox"/> 27 Undeclared |
| <input type="checkbox"/> 24 Some post-secondary | <input type="checkbox"/> 28 Other |

EDUCATION GOAL

I intend to complete a credential with TRU-OL. YES NO

Check (✓) the most appropriate code (for advising and statistical purposes only and will not affect eligibility for courses or programs).

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

OPTIONAL

(for statistical purposes only and will not affect eligibility for courses and programs) I want to be identified as an Aboriginal person. YES NO

If yes, check one or more of the options below to describe your Aboriginal identity. Indian/First Nations (includes Status, Non-Status, Treaty, Non-Treaty)

- Inuit Metis

ENGLISH PROFICIENCY

Applicants must have proficiency in English at a level suitable to the course or program of study for which they are applying. Students who have English as a second language may be required to provide evidence of proficiency in English.

English is my first language. YES NO

BC PEN (PROVINCIAL EDUCATION NUMBER)

Student personal information contained on this form will be used to verify a Personal Education Number (PEN) or assign one. The main uses of the PEN will be for measuring participation in post-secondary education and for student registration purposes. As well, the PEN will be used for program research and evaluation but any personal information disclosed for these purposes will be in non-identifiable form. These uses have been reviewed and approved by the Information and Privacy Commissioner of British Columbia.

REGISTER ONLINE, BY PHONE, BY FAX

Online www.truopen.ca
Phone: 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-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).

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

RELEASE OF INFORMATION

I authorize the Williams Lake Learning Centre to act on my behalf with regards to my student records, fees and related correspondence. I may cancel this order by written notice to TRU-OL at anytime.

STUDENT'S SIGNATURE _____ DATE _____

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 _____