

WILLIAMS LAKE LEARNING CENTRE COURSE REGISTRATION

TRU-OL Student Services, BC Centre for Open Learning, 4th Floor
Box 3010, 900 McGill Road, Kamloops, BC V2C 5N3
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) or 250 852 7000 (Kamloops and International).

I HAVE A TRU-OL STUDENT NUMBER YES NO

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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

HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER
Area Code 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

Circle the code corresponding most closely to your present main activity (for statistical purposes only and will not affect eligibility for courses and programs).

- | | |
|---------------|---|
| A. Student | D. Retired |
| B. Employed | E. Undeclared |
| C. Unemployed | F. Incarcerated (e.g., in prison) (used for administrative purposes only) |

EDUCATION LEVEL

Circle 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).

- | | |
|------------------------------|--------------------------------|
| 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. YES NO

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

- | | |
|------------------------------|---------------------------------------|
| 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 |

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
Box 3010 900 McGill Rd
Kamloops, BC
Canada V2C 5N3

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, OFFICE USE: COURSE 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, OFFICE USE: COURSE TERM

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

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

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.

SPONSORED (Attach sponsor's letter of authorization) \$ _____

PASSPORT TO EDUCATION \$ _____

YOUTH CAP \$ _____

FINANCIAL AID/AWARD \$ _____

COURSE MATERIALS SHIPPING COSTS

Within Canada: No Charge

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 any time.

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.

STUDENT'S SIGNATURE _____ DATE _____