2022–2023 APPLICATION FORM



805 TRU Way Kamloops, BC, Canada V2C 0C8 tru.ca

First or given name(s):Middle name(s) (optional):
Last or family name:Other names:
Former last or family name (Optional)
Gender: Male Female Undisclosed Birthdate: (yyyy/mm/dd)//
Primary language spoken at home: Country of citizenship:
If citizenship is Non-Canadian, please indicate Visa Status:
☐ Permanent Resident/Landed Immigrant ☐ Refugee (status granted) ☐ Student Authorization/Student Visa
CONTACT INFORMATION
Mailing Address: Admission correspondence may be sent to your mailing address
Street address: City (full name):
Province: Postal Code: Country: Email:
Phone: Primary: Other:
Emergency contact (Full Name): Emergency contact email:
Emergency contact primary phone (optional):Other:
ADDITIONAL INFORMATION
Previous Affiliation
If you have been assigned a TRU ID number before, it is important that we link your application to it.
Have you been employed by TRU or do you have a TRU ID number?
☐ Yes TRU ID
□ No
Indigenous Self-Identification
Please check this box if you wish to be identified as an Indigenous person
If you have chosen to identify yourself as an Indigenous person, for statistical purposes,
we invite you to select the option(s) that best describes your Indigenous identity.

PROGRAM SELECTION									
When do you want to start your program: If you are applying for an online and distance program through Open Learning (OL) please select Open Learning only.									
☐ Open Learning only									
☐ Winter 2022 (Jan-Apr)									
Summer 2022 (May-Aug)									
☐ Fall 2022 (Sep-Dec)									
☐ Winter 2023 (Jan-Apr)									
Select your program level									
☐ Bachelor Degree ☐ Diploma ☐ Certificate ☐ Graduate Degree ☐ Graduate Diploma/Certificate									
☐ Trades Foundation ☐ Trades Apprenticeship ☐ Unclassified									
For Apprenticeship applicants, enter your ITA Individual ID here									
Program name:									
Select a campus: Kamloops Williams Lake									
Accessibility Services									
Please refer to our website for information regarding available accommodations and services: www.tru.ca/as or contact: Phone: 250-828-5023 Email: as@tru.ca Location: Old Main Building, Room 1631									
Other information:									
Enter additional application information here (optional)									

	ACADEMIC	HISTORY								
	Provincial Education Number (PEN) If you are a BC resident, locate or determine your Personal Education Number (PEN). If you cannot find or do not know your PEN then visit									
	High Schools you have attended, most recent first. Name up to 2 entries South Carlot a cquire it. Providing your PEN as part of this Program Application is optional but doing so will help streamline the application process.									
		Name	Province, Country	Date Attended Start (yyyy/mm/dd)	Date Comp	Current		or Completed Grade		
1.							☐ Less than 12☐ 12 or equivalent☐ IB diploma			
2.							Less than 12 12 or equivalent IB diploma			
		Post-secondary institutions you have attended, most recent first:								
		Institution	Province, Country	Date Attended Start (yyyy/mm/dd)	Date Complet (yyyy/mm/dd)		Credential Awarded	Date Credential Awarded (yyyy/mm/dd)		
1.										
 3. 										
Education History Any institution named in this section must also be listed as a post-secondary institution that you have attended. Any misrepresentation of information in this application may result in the cancellation of your admission or registration and such misrepresentation may be shared with other post-secondary institutions. Has your education been interrupted for longer than six months?										
	☐ Yes Provide a brief outline of your activities during this period.									
	□ No									
	Have you Been required to withdraw or Been academically suspended or Failed a year at another institution?									
	☐ Yes	☐ Yes Name of institution								
	Date of Withdrawal/Suspension/Failure (yyyy/mm/dd)									
	□ No									

Agent Information and Release - INTERNATIONAL APPLICANTS ONLY

Do you have an educational representative or agent?

Doyounavo										
☐ Yes	Agent Identification Number (optional)									
	Agency:									
	Agent Name:									
	Street Address:									
	City (full name):									
	Province:	Postal	l Code:	Country: Other						
	Phone: Primary _		Oth							
	Email Address:									
	I hereby authorize institution to release admissions, registration, and tuition information to this organization									
	☐ Yes	☐ No ☐ Not specified								
☐ No										
APPLICAT	ION FEE									
Canadia	n/Domestic \$	31.02 International\$	100.00							
Payment	Options									
By mail: Paya	ble to Thompson Ri	ivers University by cheque or mone	ey order.		In person:					
Kamloops Campus Thompson Rivers University Enrolment Services Open Learning Open Learning		Open Learning Thompson Rivers University	1250 Western Ave u.ca Williams Lake, BC V2G 1H7		Kamloops Campus: Old Main Building 1st floor Student Street (Room 1614) Williams Lake Library Centre					
	, BC V2C 0C8 Fax: 250-371-5960									
Types of pa	ayments: Cash, deb	it, credit card, cheque or money or	der payable ¹	to Thompson Rivers Univ	versity					
Payment Dec	claration: Application	ons received without the applicatio	n fee will not	t be processed						
CONSENT	FOR DISCLOSU	JRE AND DECLARATION OF	- APPLIC <i>E</i>	ANT						
Declaration:										
of available re istration and as required b applicable; an	esources; (ii) any mi such misrepresenta y provincial or feder nd (v) if I am admitte	derstand and agree that: (i) this is an srepresentation of information in the ation may be shared with other post ral authority; (iv) my admission infoced to a program, I am subject to the and I authorize TRU to verify them.	his applications: st-secondary rmation may policies and	on may result in the cand institutions; (iii) my pers be shared with my curre	cellation of my admission or reg- sonal information will be reported ent high school as needed and					
Date (yyyy/mr	n/dd)	 Signature of Ap	 pplicant							

Privacy Notice: Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC *Freedom of Information and Protection of Privacy Act* (FIPPA). Your personal information is being collected and will be used for the purposes of administration, registration and other decisions on students' academic status, and for the purposes consistent with the administration of the University and its programs and services, including the programs of student societies/student unions, alumni association and the Thompson Rivers University Foundation. The collection of this information is permitted under section 26(c) of the FIPPA.