## TRU-OL Course Registration Request Form FOR INTERNATIONAL STUDENTS UNDER THE FLAT FEE RATE



<u>,                                      </u>							
* Mandatory fields –	your request will <b>n</b> e	<b>ot</b> be processed if information is mis	ssing				
PERSONAL DATA							
TRU ID*		PROGRAM / MAJOR*					
LAST NAME*							
FIDOT NAME*							
FIRST NAME*							
EMAIL ADDRESS*				PHONE NUMBER*			
COURSE SELECT	ION						
pe b. If y the 2. <b>Get textbook</b> or materials,	rson at IB 3035.	pelled "Online, self paced", regist pelled "Online, paced", it has a so t of the class and prior our <u>add/</u> oes <b>not</b> automatically include o an Open Learning representativ e mandatory fields below to ens	cheduled start and end date drop deadline to iregotru.course textbooks and mate e at studentotru.ca or 250-	e. Registration for a contraction for in-person a crials. If you decirals. If you decirate the contraction is a contraction of the contraction is a contraction of the contraction of the contraction is a contraction of the	orms at IB de ya n #1.	s must be submitted before 3035. ou need the course textbooks	
COURSE LETTER CODE*	COURSE NUMBER*	COURSE TITLE*		CRN		SEMESTER* (e.g. "Winter 2024")	
ACCESSIBILITY SERVICES REQUIREMENT*							
Do you have a pre-determined accommodation agreement set up with TRU's Student Affairs office?							
YES  NO  NO							
If yes, please contact st.	udentaffairs@tru.ca.						
DECLARATION							
I confirm that Prior to subm To be included Tuition is not If I choose to  I hereby certify that t and/or confirm any in Thompson Rivers Uniform is collected une educational mandate Rivers University, Open	I have met with my Auitting this form, I ackn d as part of my flat fee returned/refunded if I register myself outsid the information I have formation necessary iversity, Open Learning der the authority of t e of Thompson Rivers en Learning, Information Information	agree to the following: cademic Advisor to discuss the potential is owledge that it is my responsibility to ensituition, I must submit this form to ireget choose to drop an Open Learning course, e of the flat fee, I may incur additional chast submitted on this form is true and correct os support my registration. Falsification of g and this information will be shared with the Thompson Rivers University Act (BC). University and may be shared with those on placed in my student record will be use affinity programs or for a uses consistent	ure that full tuition and general fees  ru.ca prior to the add/drop deadline, which was part of the flat fee.  rges.  ect. Completion of this signed form any documents or information sub- other educational institutions in sign The information provided will be u educational institutions that offer p d for the purpose of admission, regis	are paid.  permits Thompson Filted will result in thing this form I undersused for the sole puberograms in associati	Rivers ne imn stand rpose on wi	University, Open Learning to request nediate cancellation of registration at that the information collected on this s of registration, consistent with the th or in collaboration with Thompson	
STUDENT'S SIGNAT				DATE*			