

2018–2019
APPLICATION FORM



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

PERSONAL INFORMATION

First or given name(s): _____ Middle name(s) (optional): _____

Last or family name: _____ Other names: _____

Former last or family name (Optional) _____

Include maiden name or birth name prior to a legal name change

Gender: Male Female Birthdate: (dd/mm/yy) ____/____/____

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?

<input type="checkbox"/> Yes	TRU ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> No									

Aboriginal Identity

Please check this box if you wish to be identified as an Aboriginal person

If you have chosen to identify yourself as an Aboriginal person, for statistical purposes, we invite you to select one or more of the three options that best describe your Aboriginal identity.

Indian/First Nation (including Status, non-Status, Treaty and non-Treaty) Métis Inuit

An Aboriginal person is identified in accordance to the Constitution Act of 1982, Part II, section 35(2), as "an Indian, Métis or Inuit person of Canada".

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 2018
- Summer 2018
- Fall 2018
- Winter 2019

Select your program level

- Bachelor Degree
- Diploma
- Certificate
- Graduate Degree
- Graduate Diploma/Certificate
- Trades Foundation
- Trades Apprenticeship

For Apprenticeship applicants, enter your **ITA Individual ID** here _____

Program name: _____

Select a campus: Kamloops Williams Lake

Support Services

Please refer to our website for information regarding available accommodations and services: www.tru.ca/disabilityservices or contact:

Phone: 250-828-5023

Email: dso@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 bced.gov.bc.ca/pen/student/penobtain to acquire it.
Providing your PEN as part of this Program Application is optional but doing so will help streamline the application process.

High Schools you have attended, most recent first.

Name up to 2 entries

	Name	Province, Country	Date Attended Start (y/m/d)	Date Completed (y/m/d)	Current or Completed Grade
1.					<input type="checkbox"/> Less than 12 <input type="checkbox"/> 12 or equivalent <input type="checkbox"/> IB diploma
2.					<input type="checkbox"/> Less than 12 <input type="checkbox"/> 12 or equivalent <input type="checkbox"/> IB diploma

Post-secondary institutions you have attended, most recent first:

Name up to 3 entries

	Institution	Province, Country	Date Attended Start (y/m/d)	Date Completed (y/m/d)	Credential Awarded	Date Credential Awarded (d/m/y)
1.						
2.						
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 Name of institution _____

Date of Withdrawal/Suspension/Failure (d/m/y) _____

No

Agent Information and Release – INTERNATIONAL APPLICANTS ONLY

Do you have an educational representative or agent?

Yes	Agent Identification Number (optional)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency: _____										
Agent Name: _____										
Street Address: _____										
City (full name): _____										
Province: _____ Postal Code: _____ Country: _____										
Phone: Primary () _____ Other () _____										
Email Address: _____ Fax: (optional): () _____										
I hereby authorize institution to release admissions, registration, and tuition information to this organization										
Yes No Not specified										
No										

APPLICATION FEE

Canadian/Domestic **\$28.68** International **\$100.00**

Payment Options

By mail: Payable to Thompson Rivers University by cheque or money order.

In person:

Kamloops Campus

Thompson Rivers University
Enrolment Services
805 TRU Way
Kamloops, BC V2C 0C8

Open Learning

Thompson Rivers University
Open Learning
oladmissions@tru.ca
Fax: 250-371-5960

Williams Lake Campus

Thompson Rivers University
1250 Western Ave
Williams Lake, BC V2G 1H7

Kamloops Campus: Old Main Building,
1st floor Student Street (Room 1614)
Williams Lake Library Centre

Types of payments: Cash, debit, credit card, cheque or money order payable to Thompson Rivers University

Payment Declaration: Applications received without the application fee will not be processed

CONSENT FOR DISCLOSURE AND DECLARATION OF APPLICANT

I certify that all statements on this application are true and complete and I authorize TRU to verify them. I understand and agree that:

this is an application for a TRU Program only and is subject to the limitation of available resources;

any misrepresentation of information in this application may result in the cancellation of my admission or registration and such misrepresentation may be shared with other post-secondary institutions;

information placed in my student record will be used for the purpose of admission, registration, record keeping, statistical research, or program evaluation and for purposes consistent with the administration of the University and its programs and services including the programs of student societies/student unions, alumni associations and the Thompson Rivers University Foundation;

my personal information will be reported as required by provincial or federal authority;

my admission information may be shared with my current high school as needed and applicable; and

if I am admitted to a program, I am subject to the policies and rules of TRU.

Date (d/m/y)

Signature of Applicant

Freedom of Information and Protection of Privacy Information collected on this application, as per section 35 of the Freedom of Information and Protection of Privacy Act of British Columbia, will be used on a confidential basis for purposes of admission, registration, research, alumni and development, and other purposes consistent with the mandate of TRU. Any questions concerning the collection and use of this information should be directed to the TRU Registrar.