

Admission Checklist



TRU-OL Student Services
BCCOL 4th Floor
805 TRU Way,
Kamloops, BC V2C 0C8
truopen.ca | Fax: 250-852-7840
Email: student@tru.ca

GENERAL INFORMATION

- Complete this form and submit it along with all the other documents required for admission to Student Services by email to student@tru.ca, fax to 250-852-6405 or mail (see above).
- This form may be completed by hand or electronically. If you intend to complete this form electronically, save it to your computer prior to editing fields.
- Direct questions to Student Services by emailing **student@tru.ca** or phoning 1-800-663-9711 (toll-free in Canada) or 250-852-7000 (Kamloops and International).
- The information you provide on this form is collected under Thompson Rivers University Act (BC) and will only be used for the sole purposes of admission, consistent with the educational mandate of Thompson Rivers University.

TRU-OL STUDENT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)		
FIRST NAME (legal)		FULL MIDDLE NAME(S) (legal)
PREVIOUS SURNAME (if applicable)		
MAILING ADDRESS (include suite number if applicable)		
MAILING ADDRESS SECOND LINE (if necessary)		
CITY / TOWN / VILLAGE		
PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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	M <input type="checkbox"/> F <input type="checkbox"/>	

ADMISSION REQUIREMENTS

Please select either the FULL ADMISSION or PROFESSIONAL DEVELOPMENT option below.

For more information visit **truopen.ca** and click on the "Programs" link. From there, follow the "Health and Human Services" link to the "Graduate Certificate in Child and Youth Mental Health" page.

FULL ADMISSION (PROGRAM TAKER)

Be sure to include all of the following forms:

- ADMISSION CHECKLIST
- PERSONAL HISTORY FORM
- PROGRAM ADMISSION/TRANSFER CREDIT FORM
- EDUCATION PREREQUISITES (Indicate below)

Undergraduate Degree Date Received _____

Bachelor of _____ GPA _____

Institution _____

Official Transcripts Requested

Graduate Degree Date Received _____

Master of _____ GPA _____

Institution _____

Official Transcripts Requested

PROFESSIONAL DEVELOPMENT (COURSE TAKER)

(Single Courses Available: CYMH 5511, 5521, 5531)

Be sure to include all of the following forms:

- ADMISSION CHECKLIST
- PERSONAL HISTORY FORM
- UNOFFICIAL TRANSCRIPT GPA _____

ADMISSION REQUIREMENTS

DATE APPLICATION REVIEWED	OFFICIAL TRANSCRIPTS RECEIVED
ACCEPTANCE LETTER ISSUED	THEORY COURSES ONLY (LETTER ISSUED)

Comments _____

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, record keeping, 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
---------------------	------