# 2018–2019 APPLICATION FORM



805 TRU Way Kamlooops, 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 citiz	zenship:		
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): Emerge	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 TRUID			
□ 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 puwe invite you to select one or more of the three options that best describe your Indian/First Nation (including Status, non-Status, Treaty and non-Treaty)	identified in accordance to the		

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 <b>ITA Individual ID</b> here
Program name:
Select a campus:
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						
		cation Number (PEN) [ ools you have at entries	tended, most re	cent first.		If you are a BC resident, locate or determine yersonal Education Number (PEN). If you cannot find or do not know your PEN theod.gov.bc.ca/pen/student/penobtain to ac Providing your PEN as part of this Program Ap but doing so will help streamline the applicati	en visit cquire it. plication is optional
		Name	Province, Country	Date Attended Start (y/m/d)	Date Completed (y/m/d)	Current or Completed	l Grade
1.						☐ Less than 12 ☐ 12 or equivalent ☐ IB diploma	
2.						☐ Less than 12☐ 12 or equivalent☐ IB diploma	
	Post-seco	ondary institutio	ns you have atte	ended, most	t recent firs	t:	
		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?  Provide a brief outline of your activities during this period.						
	□ No						
	Have you  Been	required to withdraw or	☐ Been academica	lly suspended or	Failed a ye	ear at another institution?	
	☐ Yes	Name of institution					
		Date of Withdrawal/Su	spension/Failure (d/m/y	<i>y</i> )			
	□ No						

# Agent Information and Release - INTERNATIONAL APPLICANTS ONLY

Do you have an educational representative or agent?

Yes	Agent Identification Number (optional)				
	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.

#### **Kamloops Campus**

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

#### Williams Lake Campus

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

### In person:

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.