## 2022–2023 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 l								
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 Immigra	ant Refugee (status granted) Student Authorization/Student Visa							
CONTACT INFORMATION								
Mailing Address: Admission corresponde								
Street address:	City (full name):							
Province: Postal Code:	Country: Email:							
Phone: Primary:	Other:							
Emergency contact (Full Name):	Emergency contact email:							
Emergency contact primary phone (optio	nal):Other:							
ADDITIONAL INFORMATION								
Previous Affiliation								
If you have been assigned a TRU ID numb	per before, it is important that we link your application to it.							
Have you been employed by TRU or do yo	ou have a TRU ID number?							
☐ Yes TRUID								
les moib								
□ No								
Indigenous Self-Identification	on							
☐ Please check this box if you wish to b	pe identified as an Indigenous person							
If you have chosen to identify yourse	If as an Indigenous person, for statistical purposes,							
_	that best describes your Indigenous identity.							
First Nation (including Status, non-St	atus, Treaty and non-Treaty) 🔲 Métis 🔲 Inuit							

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 <b>ITA Individual ID</b> here							
Program name:							
Select a campus:   Kamloops Williams Lake							
Accessibility Services							
Please refer to our website for information regarding available accommodations and services: <b>www.tru.ca/as</b> 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								
		al Education Number (PEN)  Schools you have attended, most recent first. p to 2 entries					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 gov.bc.ca/pen to acquire 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 Compl (yyyy/mm/c		Current or Completed Grade		
1.							Less than 12 12 or equivalent B diploma		
2.							☐ Less than 12☐ 12 or equivalent☐ IB diploma		
	Post-seco	ondary institutio	ns you have atte	ended, most r	ecent firs	t:			
		Institution	Province, Country	Date Attended Start (yyyy/mm/dd)	Date Complete (yyyy/mm/dd)	ed	Credential Awarded	Date Credential Awarded (yyyy/mm/dd)	
1.									
2.									
	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 academica	lly suspended or	☐ Failed a ye	ear at a	another institution?		
	☐ Yes	Name of institution							
		Date of Withdrawal/Su	spension/Failure (yyyy/	mm/dd)					
	☐ No								

## Agent Information and Release - INTERNATIONAL APPLICANTS ONLY

Do you have an educational representative or agent?

Do you mave								
☐ Yes	Agent Identification Number (optional)  Agency:  Agent Name:							
	Street Address:							
	City (full name):							
	Province:	Postal Code:			Country:			
	Phone: Primary _		Other					
	Email Address:_	nail Address: Fax: (optional):						
	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\$	3100.00					
Payment	Options							
By mail: Paya	· able to Thompson Ri	ivers University by cheque or mone	ey order.		In person:			
Kamloops Campus Thompson Rivers University Enrolment Services Open Learning Open Learning		Thompson Rivers University	1250 Western Ave		Kamloops Campus: Old Main Building 1st floor Student Street (Room 1614) Williams Lake Library Centre			
	s, BC V2C 0C8	Fax: 250-371-5960	Williams Lake	s, DC V2G 1117				
Types of p	<b>ayments</b> : Cash, deb	it, credit card, cheque or money or	der payable to T	hompson Rivers Univ	versity			
Payment Dec	<b>claration:</b> Applicatio	ons received without the applicatio	n fee will not be	processed				
CONSENT	FOR DISCLOSU	JRE AND DECLARATION OF	F APPLICAN	Т				
Declaration:	:							
of available re istration and as required be applicable; a	esources; (ii) any mi such misrepresenta by provincial or feder nd (v) if I am admitte	derstand and agree that: (i) this is a srepresentation of information in t ation may be shared with other pos ral authority; (iv) my admission info ed to a program, I am subject to the and I authorize TRU to verify them.	this application rest-secondary insormation may be policies and ru	may result in the cand stitutions; (iii) my pers shared with my curre	cellation of my admission or reg- sonal information will be reported ent high school as needed and			
Date (yyyy/mi	m/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.