

Cancellation/ Withdrawal Request Form



TRU-OL Student Services
805 TRU Way,
Kamloops, BC V2C 0C8
truopen.ca | Fax: 250-852-6405
Email: student@tru.ca



GENERAL INFORMATION

- Use this form to cancel your registration or withdraw from courses delivered by TRU-OL before the deadline stated in your welcome letter.
- Complete and fax or mail this form to Student Services.
- The information you provide on this form is collected under the Thompson Rivers University Act (BC) and will only be used to administer your request.
- Direct questions to Student Services, email: **student@tru.ca**
or
phone: 1.800.663.9711 (toll-free in Canada)
or 250.852.7000 (Kamloops and international).

REGISTRATION CANCELLATION AND WITHDRAWAL POLICIES

- Refer to course registration cancellation and withdrawal policies, as follows:
 - In the TRU-OL Calendar.
 - On the TRU-OL website at **tru.ca/distance/services/policies/policies.html**.
- Contact Student Services (email or phone as above).
- Policies outline eligibility for registration cancellation and course withdrawal, transcript notations, and any potential refunds. Note that on registration you agreed to accept and abide by applicable policies and procedures.
 - The course administration and technology fees are not refundable for cancellations.
 - No fees are refundable for withdrawals.

TRU-OL STUDENT NUMBER

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PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)		
FIRST NAME (legal)		
FULL MIDDLE NAME(S) (legal)		
MAILING ADDRESS (include buzzer code if applicable)		
CITY / TOWN / VILLAGE		
PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
HOME TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER	
AREA CODE	AREA CODE	
EMAIL ADDRESS (print clearly)		

REQUEST

Check (✓) one:	
I REQUEST TO CANCEL THE FOLLOWING COURSE REGISTRATION	<input type="checkbox"/>
I REQUEST TO WITHDRAW FROM THE FOLLOWING COURSE	<input type="checkbox"/>
COURSE NUMBER	COURSE NAME

Check (✓) one:	
I REQUEST TO CANCEL THE FOLLOWING COURSE REGISTRATION	<input type="checkbox"/>
I REQUEST TO WITHDRAW FROM THE FOLLOWING COURSE	<input type="checkbox"/>
COURSE NUMBER	COURSE NAME

Check (✓) one:	
I REQUEST TO CANCEL THE FOLLOWING COURSE REGISTRATION	<input type="checkbox"/>
I REQUEST TO WITHDRAW FROM THE FOLLOWING COURSE	<input type="checkbox"/>
COURSE NUMBER	COURSE NAME

APPLICABLE ONLY TO CANCELLATIONS

- I am returning my course package(s) in new condition before my cancellation deadline. (Return course packages by mail to TRU-OL, 805 TRU Way, Kamloops, BC V2C 0C8 or in person to TRU, 805 TRU Way, Kamloops.)
- I am not returning my course package(s)

STUDENT'S SIGNATURE	DATE
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