

SURNAME (legal)

FIRST NAME (legal)

FULL MIDDLE NAME(S) (legal)

TRU-OL STUDENT NUMBER

COURSE(S) SELECTION A course requires twelve to fifteen (12–15) hours study time per week. (Complete all information. Incomplete forms will not be processed.)

COURSE LETTER CODE	COURSE NUMBER	FORMAT: CHECK ONE		COURSE TITLE	FEE	OFFICE USE: COURSE TERM
		PRINT	WEB			

PREREQUISITES — Indicate how and when you met required prerequisites (failure to include this information may cause registration delays).

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REGISTRATION PAYMENT (DEPOSITED ON RECEIPT)

Learning Centre will be invoiced for applicable fees.

RELEASE OF INFORMATION

I request that the First Nations Learning Centre act on my behalf with regards to my student records, fees and related correspondence. I may cancel this order by written notice to TRU-OL at any time.

STUDENT'S SIGNATURE

SPONSORSHIP LETTER

A sponsorship letter will be submitted to TRU-OL for this course registration. YES NO

If I am accepted for registration with Thompson Rivers University, Open Learning I will be bound by the regulations and policies of the university and of the program, if applicable, in which I am enrolled, including cancellation, withdrawal, fee penalties, possible refunds, student conduct and grading. It is my obligation to become familiar with the policies and regulations of TRU.

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 may be shared with other educational institutions. In signing this form I understand that the information collected on this form will be used by TRU for the 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 _____