

TRU Start BC Open Learning

Dual Credit Courses for Grade 12 Students



TRU-OL Student Services
 4th floor BCCOL Building
 805 TRU Way
 Kamloops BC V2C 0C8
 Fax: 250-852-6405
 truopen.ca

Thompson Rivers University is working to create new opportunities for secondary school students to earn university credits while completing their Grade 12 graduation requirements through Dual Credit Courses.



Admission Criteria

To be considered for this program, students are required to meet the following criteria:

- Exemplary attendance record as documented on a current report card.
- Exemplary attitude towards learning as documented on a current report card in the effort column (no "N" grades).
- Minimum overall average of "B" or better.
 - Students with a lower average may be considered through an evaluation process conducted by the Principal, the Transitions Coordinator, a counsellor and any other relevant staff member.
- Completion of the entire application form, which must include:
 - A completed letter of intent.
 - A parent/guardian signature.
- Received the school Principal or designate's signature on the application form, which represents their support of the student for this program.

Please Note:
 Students must meet TRU prerequisites for designated courses.

Student Application Checklist

Students interested in taking a Dual Credit Course must ensure they have:

- Researched course requirements. _____
 - Checked to see if course(s) fit into their school timetable. _____
 - Talked to the Transitions Coordinator about their options. _____
 - Completed the three page Application form required to register for Dual Credit Courses. _____
 - Received a signature from the school Principal or designate. _____
 - Received a parent/guardian signature. _____
 - Completed a Letter of Intent. _____
 The application and letter of intent are an indication of the person applying and should be error free and articulate.
- NOTE: There may be more applicants for a course than seats available. The application will be scored and ranked.
- Attached their current secondary school transcript. _____
 - Prepared for other TRU financial commitments. _____
 - Made themselves aware of the deadline for application and will be sure to submit it to the Transition Coordinator/Guidance Counsellor on time. _____
 - Kept a copy of the application for their own purposes. _____

Course Registration Information

PEN ID

TRU Student ID #

Last Name:

First Name:

Middle Name:

Mailing Address: _____

Gender: Male Female

Email: _____

City: _____

Phone: _____

Province: _____ Postal Code: _____

Birth Date: _____
YY-MM-DD

Emergency Contact: _____

Emergency Phone: _____

Please check this box if you wish to be identified as an Aboriginal person

An Aboriginal person is identified in accordance to the Constitution Act of 1982, Part II, section 35(2), as "an Indian, Métis or Inuit person of Canada".

If you have chosen to identify yourself as an Aboriginal person, for statistical purposes, we invite you to select one or more of the three options that best describe your Aboriginal identity.

Indian/First Nation
(including Status, non-Status, Treaty and non-Treaty)

Métis Inuit

Semester: _____

Name of Course: _____

Course Code : _____

Format: Print Web Online

REGISTRATION PAYMENT (DEPOSITED ON RECEIPT)

Applicants residing outside British Columbia and the Yukon are charged higher fees. Refer to the TRU-OL website or contact Student Services for details.

CHEQUE \$ _____ MONEY ORDER \$ _____

Cheque/money order payable to Thompson Rivers University.

CREDIT CARD

Phone 1-800-663-9711 for information on how to pay online using a credit card and to confirm course fees.

VISA \$ _____

MASTERCARD \$ _____

AMERICAN EXPRESS \$ _____

COURSE MATERIALS

Course materials for courses delivered by TRU-OL are included with your registration, unless otherwise stated in the detailed course information. The materials will be shipped directly to the mailing address provided on this form.

TUITION (CND): \$ _____

Administration and Technology Fees: \$ _____

Course Materials: \$ _____

Total Fees Paid by Student: \$ _____

continued;

continued;

Course Registration Information

EDUCATION GOAL

I intend to complete a credential with TRU-OL Yes No

Circle the most appropriate code (for advising and statistical purposes only and will not affect eligibility for courses or program).

- | | |
|-------------------------------------|--|
| 10 Grade 10/11 Certificate | CR General Upgrading |
| 12 Grade 12 Adult Graduation | DI Diploma (TRU) |
| AS Associate Degree (TRU) | GE General Interest, Career Upgrading |
| BA Bachelor's Degree | TC Transfer Credit (Visiting Student) |
| CE Certificate (TRU) | 00 Undeclared |

Secondary School Currently Attending: _____ Grade Completed: _____

Residency during the previous year: British Columbia Other _____

Citizenship Status: Canadian Citizen Landed Immigrant Student VISA

PARENT/GUARDIAN — Name (Please print): _____ Signature: _____

PARENT/GUARDIAN — Name (Please print): _____ Signature: _____

PARENT/GUARDIAN — Phone Number: _____ Phone Number (Other): _____

SCHOOL — Name/Position: _____ Signature: _____

SCHOOL — Phone Number: _____

I agree to allow TRU-OL to forward transcripts directly to my Transition Advisor.

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 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.

Student Signature _____ Date _____

