

FIRST NATIONS LEARNING CENTRE COURSE REGISTRATION

TRU-OL Student Services, BC Centre for Open Learning,
4th Floor, 900 McGill Road, Kamloops, BC V2C 0C8
Fax 250.852.6405 www.truopen.ca

GENERAL INFORMATION

- Complete and submit this form to register in courses (or register online).
- Applicants intending to complete a credential with Thompson Rivers University, Open Learning (TRU-OL) or applying for transfer credit are required to complete and submit the Program Admission/Transfer Credit form.
- Before registering for courses, confirm course availability and ensure prerequisites have been met by referring to the TRU-OL website or by contacting Student Services.
- Complete both sides of the form. Incomplete forms will not be processed.
- Applicants are not normally required to submit transcripts.
- Contact Student Services for more information or to register for three or more courses. Email: student@tru.ca or phone: 1.800.663.9711 (toll-free in Canada) 250.852.7000 (Kamloops and International)

I HAVE A TRU-OL STUDENT NUMBER YES NO

ENTER TRU-OL STUDENT NUMBER

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PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)	
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FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
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LEARNING CENTRE

LEARNING CENTRE ADDRESS

CITY / TOWN / VILLAGE

PROVINCE

POSTAL CODE

TELEPHONE NUMBER

FAX NUMBER

Area Code

Area Code

STUDENT HOME ADDRESS

CITY / TOWN / VILLAGE

PROVINCE

POSTAL CODE

HOME TELEPHONE NUMBER

SECONDARY TELEPHONE NUMBER

Area Code

Area Code

EMAIL ADDRESS (print clearly)

DATE OF BIRTH
Day Month Year

GENDER
M <input type="checkbox"/> F <input type="checkbox"/>

COUNTRY OF CITIZENSHIP

SOCIAL INSURANCE NUMBER

DISABILITY SERVICES REQUIREMENT

I require Disability Services-related assistance or accommodations for my course(s), including materials, exams, funding, or special request. YES NO

If yes, your registration application will be placed in "pending status" until all details are confirmed.

EMPLOYMENT TYPE

Check (✓) the code corresponding most closely to your present main activity (Collected for statistical and administrative purposes only and will not affect eligibility for courses and programs).

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Undeclared |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Incarcerated (e.g. in prison)
(used for administrative purposes only) |

EDUCATION LEVEL

Check (✓) the code corresponding most closely to the highest level of education that you have completed (Collected for advising, statistical and administrative purposes only and will not affect eligibility for courses or programs).

- | | |
|---|---|
| <input type="checkbox"/> 21 Elementary | <input type="checkbox"/> 25 College certificate/diploma |
| <input type="checkbox"/> 22 Some secondary | <input type="checkbox"/> 26 University degree |
| <input type="checkbox"/> 23 Secondary school graduate | <input type="checkbox"/> 27 Undeclared |
| <input type="checkbox"/> 24 Some post-secondary | <input type="checkbox"/> 28 Other |

EDUCATION GOAL

I intend to complete a credential with TRU-OL. YES NO

Check (✓) the most appropriate code (Collected for advising, statistical and administrative purposes only and will not affect eligibility for courses or programs).

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

OPTIONAL

(Collected for statistical purposes only and will not affect eligibility for courses and programs) I want to be identified as an Aboriginal person. YES NO

If yes, check one or more of the options below to describe your Aboriginal identity. Indian/First Nations (includes Status, Non-Status, Treaty, Non-Treaty)
Inuit Métis

ENGLISH PROFICIENCY

Applicants must have proficiency in English at a level suitable to the course or program of study for which they are applying. Students who have English as a second language may be required to provide evidence of proficiency in English.

English is my first language. YES NO

BC PROVINCIAL EDUCATION NUMBER

Student personal information contained on this form will be used by Thompson Rivers University (TRU) to verify a Personal Education Number (PEN) or assign one. TRU's main use of the PEN will be for measuring participation in post-secondary education and for student registration purposes. As well, the PEN will be used for program research and evaluation but no personal information will be disclosed for these purposes. These uses have been reviewed and approved by the Information and Privacy Commissioner of British Columbia.

REGISTER ONLINE, BY PHONE, BY FAX

Online www.truopen.ca
Phone: 1.800.663.9711 (toll-free in Canada)
250.852.7000 (Kamloops and International)
Fax: 250.852.6405

REGISTER BY MAIL

TRU-OL, Student Services
BC Centre for Open Learning,
4th Floor, 900 McGill Rd,
Kamloops, BC Canada V2C 0C8

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

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 _____