



## Application for Thompson Rivers University

### Personal Information

#### Names

First or Given Name(s) \_\_\_\_\_

Last or Family Name \_\_\_\_\_

Preferred First Name (optional) \_\_\_\_\_

#### Other Information

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

#### Gender Identity

Please indicate your gender

☐ Woman ☐ Man ☐ Non.Binary Gender ☐ Prefer not to answer/Unknown

Would you say you are

☐ Cisgender ☐ Transgender ☐ Prefer not to answer/Unknown

#### Language/Citizenship

Primary Language \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Immigration/Visa Status in Canada \_\_\_\_\_

### Contact Information

Email Address \_\_\_\_\_

#### Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_

Postal Code (optional) \_\_\_\_\_

Country \_\_\_\_\_

**Telephone**

Primary Phone Number \_\_\_\_\_

Additional Phone Number (optional) \_\_\_\_\_

**Emergency Contact (optional)**

Emergency Contact's Full Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Additional Phone Number \_\_\_\_\_

Emergency Contact's Email Address \_\_\_\_\_

**Academic History****High School**

School \_\_\_\_\_

Country \_\_\_\_\_

Attended from (MM/YYYY) \_\_\_\_\_ until (MM/YYYY) \_\_\_\_\_

Years completed at school

☐ 12 (or more)   ☐ IB Diploma   ☐ 11   ☐ 10   ☐ 9   ☐ 8   ☐ Less than 8

Planned or Actual Graduation Date (MM/YYYY) \_\_\_\_\_

**Post-Secondary Institutions****Institution 1**

Country \_\_\_\_\_

University \_\_\_\_\_

Attended from (MM/YYYY) \_\_\_\_\_ until (MM/YYYY) \_\_\_\_\_

Institution Credential/Completed

☐ No   ☐ Yes: \_\_\_\_\_

**Institution 2**

Country \_\_\_\_\_

University \_\_\_\_\_

Attended from (MM/YYYY) \_\_\_\_\_ until (MM/YYYY) \_\_\_\_\_

Institution Credential/Completed

☐ No   ☐ Yes: \_\_\_\_\_

## Program Selection

What category best describes you?

☐ Undergraduate   ☐ Graduate

Which campus are you applying to?

☐ Kamloops

When do you want to start your program?

☐ Fall 20\_\_\_\_ (Sep-Dec)   ☐ Winter 20\_\_\_\_ (Jan-Apr)

Select your credential type

☐ Visiting Student Program   ☐ Bachelor's Degree   ☐ Diploma   ☐ Certificate

Select your program

☐ Undergraduate Visiting Student

☐ Graduate Visiting Student

☐ Degree/Diploma/Certificate \_\_\_\_\_

## Additional Information

Educational Agent

Agency: College Contact GmbH

Email address: sadler@college-contact.com

I hereby authorize Thompson Rivers University to release admissions, registration, and tuition information to this organization.

☐ Yes   ☐ No

Previous Affiliation

Do you already have a TRU ID?

☐ Yes: \_\_\_\_\_   ☐ No

Academic History

Has your education been interrupted for longer than six months?

☐ Yes   ☐ No

Have you ever been required to withdraw, or been academically suspended, or failed a year at another post-secondary institution?

☐ Yes   ☐ No

### Accessibility Services

Please refer to our [Accessibility Services website](#) for information regarding available accommodations and services.

### Application Fee Payment (\$100 CAD)

Method of Payment: ☒ Credit/Bank Card

#### Credit/Bank Card

Cardholder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV2: \_\_\_\_\_

Credit Card Type:

☐ Visa

☐ Mastercard

☐ American Express

Expiration Date (MM/YYYY): \_\_\_\_\_

Cardholder's email address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### Confirmation

☐ By checking this box, I confirm the following: I have read and understand the Notice (Consent for Information Disclosure) below and consent to and authorize EPBC to use and disclose my personal information for the purposes described; and I have read, understand, and agree to the EPBC Website [Terms of use](#) and [Privacy](#).

☐ I hereby certify that the information provided in this Application is true, accurate and complete.

☐ I hereby permit College Contact to submit the information which I have provided on this form to Thompson Rivers University via an electronic online application form created and maintained by Thompson Rivers University.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Consent for Information Disclosure and Declaration of Applicant

I certify that all statements on this application are true and complete and I authorize TRU to verify them. I understand and agree that:

- this is an application for a TRU Program only and is subject to the limitation of available resources;
- any misrepresentation of information in this application may result in the cancellation of my admission or registration and such misrepresentation may be shared with other postsecondary institutions;
- information placed in my student record will be used for the purpose of admission, registration, record keeping, statistical research, or program evaluation and for purposes consistent with the administration of the University and its programs and services including the programs of student societies/student unions, alumni associations and the Thompson Rivers University Foundation;
- my personal information will be reported as required by provincial or federal authority;
- my admission information may be shared with my current high school as needed and applicable;
- and
- if I am admitted to a program, I am subject to the policies and rules of TRU.

## 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. Questions should be directed to Office of the Registrar at 250-828-5036, [registration@tru.ca](mailto:registration@tru.ca), or by post to: TRU Registrar's Office, 805 TRU Way, Kamloops, BC, V2C 0C8.

## Consent and Collection Notice

### Collection, Use, and Disclosure of your Personal Information

The information included in your EducationPlannerBC (EPBC) account and any application to attend a post-secondary institution may be collected by EPBC, the Ministry of Education and Child Care, the Ministry of Post-Secondary Education and Future Skills (PSFS), or the Institution identified in your application (the "Public Bodies") under Sections 26(c), 26(e) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The purposes of this collection are limited to:

- (i) collecting or confirming your Personal Education Number;
- (ii) processing and supporting your application to a Post-Secondary Institution, including information provided from the time of account creation, when an application is started, when an application is submitted, and following the submission of an application;
- (iii) policy research and program planning or evaluation by the Public Bodies; and
- (iv) your possible future use of EPBC's Transcript Exchange services.

By accepting the language in this Notice, you acknowledge this collection of your personal information and consent for the Public Bodies to use and disclose your personal information for the above purposes pursuant to FOIPPA s. 32(a), 32(b), 33(2)(c), and 33(2)(d). If you do not agree to this Notice you cannot use most EPBC services.

## EPBC Login Information Sharing

You may use your EPBC account to access protected resources in participating Institutions, where applicable. By accepting the language in this Notice, you consent that your EPBC login information will be shared with the participating Institution to support your verified access to the Institution's resources.

## The EPBC Transcript Exchange Hub

EPBC also operates a Transcript Exchange Hub. You initiate and authorize transcript releases from whatever body holds those transcripts, to support your application to attend another post-secondary institution, inside or outside of Canada, wherever your desired institution is. When you initiate or authorize a transcript release, your Transcript information is collected, used, and disclosed by EPBC and the participating Institutions under FOIPPA s. 27(1)(a)(i), s. 32(a), s. 32(b), s. 33(2)(c) and s. 33(2)(d).

EPBC and PSFS may collect and aggregate data, including metadata, generated as a result of the transcript exchange process for the purpose of policy research and program planning or evaluation under FOIPPA s. 26(e) and 32(a).

If you have any questions regarding the collection, use and disclosure of your personal information as set out in this Notice, contact:

Executive Director  
EducationPlannerBC  
1250-700 West Pender Street  
Vancouver, BC V6C 1G8  
[info@educationplannerbc.ca](mailto:info@educationplannerbc.ca)