

# THOMPSON RIVERS UNIVERSITY (TRU) APPLICATION FORM

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Fill the form out carefully and completely! Send it to IEC after signing it by hand.

#### **Collection Notice**

The information provided in this form will be submitted to TRU via an online application system and account provided by EducationPlannerBC (EPBC) who collects the information under Section 26c of the Freedom of Information and Protection of Privacy Act. The information provided is collected, used and disclosed with your consent when you apply to attend a participating BC post-secondary institution (here: TRU). If you have any questions about the collection, use and disclosure of this information, contact:

Director EducationPlannerBC 200-555 Seymour St Vancouver, BC V6B 3H6 info@educationplannerbc.ca

# PERSONAL INFORMATION

E-Mail Address:			
	Please enter the	primary email address you u	se for communication.
First or Given Name(s):			
Middle Name(s):			
Last or Family Name:			
Preferred First Name:			
Former Last Name:			
	-		
Date of Birth:	Year:	Month:	Day:
Primary Language			
spoken at Home:			
<u>r</u>	-		
Country of Citizenship:			
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Visa Status:	
	□ Permanent Resident/Landed Immigrant
	☐ Student Authorization / Student Visa
	□ Other Visa
	□ Visitor
	☐ Non-Canadian, No Visa Status (student is studying outside Canada)
Study Permit (student studying outside Canada	izen who study in Canada for <u>not more than 6 months</u> , do not need a visa) and can stay as "Visitors" or "Non-Canadian, No Visa Status a)". <u>Other nationalities</u> may face different rules! Please inform yourself dian Embassy and be prepared to apply for a visa if you are accepted by
APPLICANT CONTAC	CT DETAILS
Country:	
Street + Number:	
City	
Postal Code:	
Phone Number: Alternative Phone	( + country code!)
Number:	(+country code!)
<b>Emergency Contact</b>	
First and Last Name:	
E-Mail Address:	
Phone Number:	(+country code!)
Alternative Phone	
Number:	(+country code!)
ACADEMIC INFORMA	ATION
List all High Schools (Chave attended in the p	Grades 8 to 12/13) and Post-Secondary Institution(s) that you

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High School(s)				
Country:				
Name:				
Dates of Attendance:				
Start Date:	Year	Month	Day	
End Date:	Year	Month	Day	
Grades Completed:	(e.g. 12 or 13)			
Country:				
Name:				
Dates of Attendance:				
Start Date:	Year	Month	Day	
End Date:	Year	Month	Day	
Grades Completed:	(e.g. 12 or 13)			
Post-Secondary Insti	itution(s) (e.s	z. university, colleg	(e)	
Country:	nunon(s) (e.	g. university, coneg	<b>(e</b> )	
Name:				
Student ID Number:				
Dates of Attendance:				
Start Date:	Year	Month	Day	
End Date:	Year	Month	Day	
Degree:	(e.g. Bachelor		2.0,	
Graduation Day:	Year	Month	Day	
Are you currently enrol		Wolltin	Day	
	No			
Country:				
Name:				
Student ID Number:				
Dates of Attendance:				
Start Date:	Year	Month	Day	
End Date:	Year	Month	Day	
Degree:	(e.g. Master's	Degree)		
Are you currently enrol	lled here?			
□ Yes □	No			

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If you attended more than two institutions, please enclose the details on a separate sheet of paper. Your application must be accompanied by official copies of all your transcripts!

PROGRAM SELECTION
When do you want to start studying at TRU?
<ul><li>□ Fall (Sept-Dec)</li><li>□ Winter (Jan-Apr)</li><li>□ Summer (May-Aug)</li><li>Year:</li></ul>
How long do you want to study at TRU? (e.g. one semester, two semesters, full degree)
☐ I am applying as an International Student.
I am applying for the following program:
<ul> <li>□ Visiting Student Program Bachelor (Auslandssemester)</li> <li>□ Undergraduate (Bachelor) Degree</li> <li>□ Graduate (Master) Degree</li> <li>□ Wisiting Student Program Master (Auslandssemester)</li> </ul>
Program Name (if applying for full Bachelor/Master):
ADDITIONAL INFORMATION  Aboriginal Identity
Do you identify yourself as an Aboriginal person of Canada? The term Aboriginal person refers to First Nations, Métis and Inuit peoples of Canada.   \[ \sum \text{Yes}  \text{No(Not Specified)} \]
Gender
<ul><li>□ Male</li><li>□ (Not Specified)</li><li>□ Female</li></ul>
<ul> <li>Previous Affiliation</li> <li>If you have been assigned a TRU ID number before, it is important that we link your application to it.</li> <li>Have you been employed by TRU or do you have a TRU ID number?</li> </ul>
Have you been previously affiliated with TRU?  ☐ Yes ☐ No ☐ (Not Specified)
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# **Education History**

- Any institution named in this section must also be listed as a post-secondary institution you have attended.
- Any misrepresentation of information in this application may result in the cancellation of your admission or registration and such misrepresentation may be shared with other post-secondary institutions.

Has	s yo □ □	our education been interrupted for longer th Yes No	an six months? □ (Not Specified)	
If y	es:	Brief outline of your activities during this p	eriod:	
Hav	bee	YOU en required to withdraw or en academically suspended or ed a year at another institution?		—
		Yes No	□ (Not Specified)	
	ne	of Institution: f Withdrawal / Suspense / Failure: <u>Year:</u>	Month: Da	<u>—</u> ı <u>y:</u>
_		t <b>Information and Release</b> u work with an educational representative o	or agent?	
$\otimes$	Ye	s: IEC Online GmbH Julia Fischer Marienstrasse 19-20 10117 Berlin Germany	Phone: 0049 30 2045 8687 E-Mail: Americas@ieconline.de	
		ereby authorize TRU to release admissions, this organization. (Mandatory!)	registration, and tuition information	n
		Information (Optional) additional application information here.		
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#### APPLICATION FEE

All applicants must pay the non-refundable application fee. Your application will not be processed without the payment: fill in the "Kreditkartenformular" that you can download from the IEC website and submit it with this application.

# CONSENT FOR INFORMATION DISCLOSURE & 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:

- i. this is an application for a TRU Program only and is subject to the limitation of available resources:
- ii. 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 post-secondary institutions;
- iii. 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;
- iv. my personal information will be reported as required by provincial or federal authority;
- v. my admission information may be shared with my current high school as needed and applicable; and
- vi. if I am admitted to a program, I am subject to the policies and rules of TRU.

**Collection Notice** (please see beginning of this form)

### Freedom of Information and Protection of Privacy

Information collected on this application, as per section 35 of the Freedom of Information and Protection of Privacy Act of British Columbia, will be used on a confidential basis for purposes of admission, registration, research, alumni and development, and other purposes consistent with the mandate of TRU. Any questions concerning the collection and use of this information should be directed to the TRU Registrar.

I give my Consent for	Information	Disclosure	and	Declaration	of Applicant
(Mandatory)					



CERTIFICATION
All applicants must sign below.
I certify that the information I have provided on this application is complete and accurate. I understand that failure to disclose correct information may result in the cancellation of my application or admission. <u>Important Reminder:</u> Only complete applications will be reviewed.
Applicant Signature:
Date (MM/DD/YYYY):
Authorization for IEC to process your application
I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on this application form via an electronic online application form created for Thompson Rivers University and maintained by EPBC.
Applicant Signature:
Date (MM/DD/VVVV):

# Please submit your application with all required documents to IEC:

IEC Online GmbH z.Hd. Team Americas Marienstrasse 19-20 10117 Berlin Germany

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