



THOMPSON RIVERS UNIVERSITY

Office of the Registrar
900 McGill Rd, Kamloops, BC V2C 0C8
Tel 250.828.5036 · Fax 250.371.5960
email: admissions@tru.ca · web: www.tru.ca

Registration Form

Please check regional office

- Kamloops Williams Lake Clearwater Ashcroft/Cache Creek
- Lillooet/Lytton 100 Mile House Barriere

<input type="checkbox"/> New TRU Student	TRU Student # _____
<input type="checkbox"/> Returning Student	_____

Social Insurance Number (SIN):
(Required for any student award, scholarship, bursary, grant or employment income.) _____

Personal Information

Surname		First Name		Middle Name
Birth Name		Date of Birth (DD/MM/YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent Mailing Address			Citizenship Status: <input type="checkbox"/> Cdn <input type="checkbox"/> Perm. Res.# _____ <input type="checkbox"/> Other Expiry Date _____	
City	Province	Postal Code	Status: <input type="checkbox"/> Indian/First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <i>(incl. status, non-Status, Treaty and non-Treaty)</i>	
Home Phone Number ()	Alternate Phone Number ()			
Signature		Date (DD/MM/YY)	Email	

Course Information

Course Name		Location	Start Date (DD/MM/YY)	Tuition
Course #	Day/Time		End Date	Other
Course Name		Location	Start Date (DD/MM/YY)	Tuition
Course #	Day/Time		End Date	Other
Course Name		Location	Start Date (DD/MM/YY)	Tuition
Course #	Day/Time		End Date	Other

For internal purposes – cut along line

Financial Information

(Credit card information will be processed and shredded.)

<input type="checkbox"/> Debit <input type="checkbox"/> Cheque (payable to TRU) <input type="checkbox"/> Cash <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX Account # _____ Name of Cardholder _____ <i>(print exactly as seen on card)</i> Expiry Date _____	Total tax deductible fees \$ _____ Total other fees \$ _____ TOTAL FEES \$ _____ (GST 3 R118838531) <input type="checkbox"/> ESA _____ <input type="checkbox"/> Sponsored _____
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