2026–27 | TRU START

APPLICATION FORM

THOMPSON RIVERS UNIVERSITY

PLAR and Strategic Partnerships
805 TRU Way
Kamloops, BC V2C 0C8
truopen.ca

Through TRU Start, high school students can earn university credits while attending high school.

With TRU Start, you can:

- Start your university journey early.
- Learn at your own pace with TRU online courses that fit the convenience of your schedule.

ELIGIBILITY FOR TRU START

To increase your chances of success, please ensure that you meet the following criteria:

- An overall average grade of B or better.
- TRU course prerequisite(s) and recommended requisites for the TRU course(s) you are interested in.
- If you are approved to take a TRU program, you must meet the program's admission requirements.

APPLICATION CHECKLIST

- ☐ Discuss your TRU Start options with your high school Career Education Coordinator/ Guidance Counsellor.
- ☐ Signature of support from Parent/Guardian.
- ☐ Signature of support from school principal/designate.
- ☐ Ensure your school provides your current transcript with the application.
- ☐ Make arrangements to pay tuition (if applicable) and fees.
- ☐ Submit your signed application form to your Career Education Coordinator/ Guidance Counsellor.

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PERSONAL INFORMATION (please print clearly)

First or given name(s) (legal) _____ Middle name(s) (optional) _____

Last or family name (legal) _____ Preferred name(s) _____

Former last or family name (optional) _____
Include any name prior to a legal name change

Birthdate (yyyy/mm/dd): _____ /_____ /_____

Please indicate your gender:

☐ Woman ☐ Non-Binary
☐ Man ☐ Prefer not to answer

Would you say you are:

☐ Cisgender ☐ Transgender ☐ Prefer not to answer

DESCRIPTIONS

Woman: People whose current gender is woman. This includes cisgender and transgender people who are women.

Man: People whose current gender is man. This includes cisgender and transgender people who are men.

Non-Binary: People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.

Cisgender: People whose sex assigned at birth is the same as their gender.

Transgender: People whose sex assigned at birth is different from their gender.

Primary language spoken at home _____ Country of citizenship _____

If citizenship is Non-Canadian, please indicate Visa Status:

☐ Permanent Resident ☐ Refugee (status granted) ☐ Student Authorization/Student Visa

CONTACT INFORMATION

Mailing Address (Admission correspondence may be sent to your mailing address):

Street address _____ City _____

Province _____ Postal Code _____ Country _____ Email _____

Phone Primary _____ Other _____

Emergency contact (full name) _____ Emergency contact email _____

Emergency contact primary phone _____ Other _____

ADDITIONAL INFORMATION

Indigenous Self-Identification

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

If you have chosen to identify yourself as an Indigenous person, for statistical purposes, we invite you to select the option(s) that best describes your Indigenous identity.

☐ First Nation *(including Status, non-Status, Treaty and non-Treaty)* ☐ Métis ☐ Inuit

ACADEMIC HISTORY - HIGH SCHOOL

PEN ID: ☐☐☐☐☐☐☐☐☐ TRU student ID (if known): ☐☐☐☐☐☐☐☐☐

School Name	Province, Country	Date Attended Start (yyyy/mm/dd)	Date Completed or expected Graduation Date (yyyy/mm/dd)	Grade completed to date

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COURSE SELECTION

Which course(s) are you taking? _____

If you have been approved to take a program, list it here: _____

When do you plan to start? _____

HIGH SCHOOL ADMINISTRATION

REGISTRATION PAYMENT (will be deposited on receipt)

☐ CHEQUE $ _____
Make payable to Thompson Rivers University.

☐ OTHER $ _____

Tuition including fees $ _____

Course materials $ _____

TOTAL PAYMENT $ _____

SIGNATURES

CAREER EDUCATION COORDINATOR/GUIDANCE COUNSELLOR

Name _____

Phone number _____ Signature _____

PARENT/GUARDIAN 1

Name (please print) _____ Signature _____

Phone number(s) _____ _____

CONSENT FOR DISCLOSURE AND DECLARATION OF APPLICANT

Declaration:

By signing this Application, 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) my personal information will be reported as required by provincial or federal authority; (iv) my admission information may be shared with my current high school as needed and applicable; and (v) if I am admitted to a program, I am subject to the policies and rules of TRU. I certify that all statements on this application are true and complete and I authorize TRU to verify them.

_____ _____

Date (yyyy/mm/dd) *Signature of Applicant*

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.

Consent to Release Personal Information Form (Third Party)

PLAR and
Strategic Partnerships
805 TRU Way
Kamloops, BC, Canada V2C 0C8

Contact: trupartners@tru.ca

Thompson Rivers University (TRU) collects, uses, and discloses personal information in accordance with the BC *Freedom of Information and Protection of Privacy Act (FIPPA)*. Pursuant to s.33(2)(c) of FIPPA, TRU is seeking your written consent to disclose personal information to a third party. This form will be kept on file in compliance to TRU's Records Retention Policy. Questions about this consent may be directed to the Privacy and Access Officer at **privacy@tru.ca** or 250-828-5012.

STUDENT PROVIDING CONSENT (PRINT CLEARLY)

TRU STUDENT NUMBER

Surname (Legal)_____

First name (legal) _____ Full Middle Name(s) (legal) _____

Date of birth (yyyy/mm/dd) _____

THIRD PARTY PERSONAL DATA (PRINT CLEARLY - PARENT/GUARDIAN INFORMATION)

Surname (Legal), First Name or Agency _____ Phone _____

Address _____ Email (optional) _____

I CONSENT TO THOMPSON RIVERS UNIVERSITY DISCLOSING THE FOLLOWING PERSONAL INFORMATION ABOUT ME TO THE THIRD PARTY IDENTIFIED ABOVE, FOR THE PURPOSES SET OUT ON THIS FORM.

STUDENT INFORMATION

- ☑ Academic status
- ☑ Convocation information
- ☑ Enrolment status information
- ☑ Grades
- ☑ Registration information (including current registration status)
- ☑ Special needs documentation/Disability accommodations
- ☑ Student account balance
- ☑ Student awards, scholarships, and bursaries
- ☑ Government student loan and grant information
- ☑ Tuition and fees assessment
- ☑ Other (specify) _____

STUDENT TRANSACTIONS

- ☑ Add/drop courses
- ☑ Pay fees
- ☑ Order transcripts, confirmation of enrolment letters, signed scholarship/ RESP forms
- ☑ Other (specify) _____

PURPOSE(S) FOR DISCLOSURE

- ☑ To allow the above named third party to support me in my studies at TRU.
- ☑ To verify my enrolment with TRU.
- ☑ Other (specify) _____

DURATION

This waiver will be valid for the following period:

From: Date (yyyy/mm/dd) 2026/09/02

To: Date (yyyy/mm/dd) 2027/08/31

☑ Or: upon course completion

SIGNATURE

My consent is effective as of the date of signing (indicated below). I have read the above, understand it, and agree to it.

Your signature indicates that the information contained herein is accurate to the best of your knowledge. TRU considers a falsified consent form as fraud.

_____ _____

Student Signature *Date (yyyy/mm/dd)*

This form will be kept on file in compliance with TRU's Records Retention Policy.
Questions about this consent may be directed to the Privacy and Access Officer at **privacy@tru.ca** or 250-828-5012.

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