

COMMUNITY EDUCATION & WORKFORCE TRAINING
 805 TRU Way, Kamloops, BC V2C 0C8
 Tel: 250.828.5106 Fax: 250.828.5492 Email: csinfo@tru.ca

Community Education Registration Form

<input type="checkbox"/> New TRU Student <input type="checkbox"/> Returning Student	TRU Student # _____ _____
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Personal Information	Surname	Birth Name	
	First Name	Middle Name	
	Permanent Mailing Address		
	City	Province	Postal Code
	Phone Number	Date of Birth <small>DD/MMM/YYYY</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Email	Citizenship Status: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	Status: <input type="checkbox"/> Indian/First nation <small>(incl. status, non-status, Treaty and non-Treaty)</small> <input type="checkbox"/> Métis <input type="checkbox"/> Innuit
	NOTES:		
	Emergency Contact Name	Emergency Phone No.	
Signature	Date <small>DD/MMM/YYYY</small>		

Course Information	Course Code	Course Name	\$ Per Hour	Hours	Fee
	<small>CRN Internal Use Only</small>	Day/Time	Start <small>DD/MMM/YYYY</small>	End <small>DD/MMM/YYYY</small>	
	Course Code	Course Name	\$ Per Hour	Hours	Fee
	<small>CRN Internal Use Only</small>	Day/Time	Start <small>DD/MMM/YYYY</small>	End <small>DD/MMM/YYYY</small>	

Third Party Authorization	Third Party Authorization Pursuant to Thompson Rivers University & Protection of Personal Information policy www.tru.ca/disclaimer/privacy , I hereby authorize Thompson Rivers University to release information concerning my address, registration status, my student account registration data form and payment receipt to the sponsoring agency indicated below.	
	Sponsoring Agency	Email
	Address	Phone
	Student Authorization Signature	Date <small>DD/MMM/YYYY</small>

Financial Information	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque (payable to TRU) <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> Debit <input type="checkbox"/> AMEX	TOTAL FEES \$ _____ GST 3 R118838531
	Card # _____	<input type="checkbox"/> ESA _____
	Expiry Date _____	<input type="checkbox"/> Sponsored _____
	Name of Cardholder _____	