

TRADES & TECHNOLOGY DEPARTMENT

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Email: continuingstudies@tru.ca tru.ca/programs/trades

**Continuing Studies – TRADES
Registration Form**

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

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:		Status:
	NOTES:		<input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other		<input type="checkbox"/> Indian/First nation <i>(incl. status, non-status, Treaty and non-Treaty)</i> <input type="checkbox"/> Métis <input type="checkbox"/> Innuit
	Emergency Contact Name		Emergency Phone No.		
Signature		Date <small>DD/MMM/YYYY</small>			

Course Information	Course Code	XWRK 0200	Course Name	Women In Trades - Exploratory Program	\$ Per Hour	Hours	Fee
	XWRK 0200						\$0
	CRN <small>Internal Use Only</small>	24064	Day/Time		Start <small>DD/MMM/YYYY</small>	End <small>DD/MMM/YYYY</small>	
	Course Code		Course Name		\$ Per Hour	Hours	Fee
CRN <small>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	TOTAL FEES \$ <u>not applicable</u>
	<input type="checkbox"/> VISA	<input type="checkbox"/> Debit	<input type="checkbox"/> AMEX	
	Card # _____			<input type="checkbox"/> ESA _____
	Expiry Date _____			<input type="checkbox"/> Sponsored _____
Name of Cardholder _____				