

Visiting International Research Student: Application for Admission



STATUS	Are you a <input type="checkbox"/> new or <input type="checkbox"/> returning student? If "returning", what is your TRU Student #T _____
	Are you an <input type="checkbox"/> international or <input type="checkbox"/> domestic student?

PERSONAL INFORMATION	Family Name: <input type="text"/>
	First Name: <input type="text"/>
	Middle Name: <input type="text"/> English/Other Name: _____
	Mailing Address: _____ _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	City: _____ Citizenship: _____
	Country: _____ Postal Code: _____ Birthdate: _____ DAY / MONTH / YEAR
	Student Email: _____ Phone: _____
	Emergency Contact(Name & Relationship): _____
	Emergency Contact Email: _____ Emergency Contact Phone: _____
	Degree being pursued: Undergraduate Master PhD

Home Institution	
Confirmation that the student named above is in good standing, is registered full-time in a degree program at their home institution, and has permission to enroll as a Visiting Student at Thompson Rivers University during the period indicated below.	
1. Research Supervisor or Academic Advisor	2. Department Head
Name: _____	Name: _____
Email: _____	Email: _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Thompson Rivers University	
Confirmation that you have agreed to supervise the student's research at Thompson Rivers University for the period indicated below. It is the responsibility of the host faculty member to determine that the student is qualified to undertake the agreed upon research activity.	
3. TRU Research Supervisor	4. TRU Department Head
Name: _____	Name: _____
TRU Email: _____	TRU Email: _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Research Start date:(MM/DD/YY) _____	Research End date:(MM/DD/YY) _____

TRU Research Supervisor: Please check this box and initial here _____ if you or your department intend to cover the VIRS Program Fee.

PAYMENT & DECLARATION	<p>Application fee waived under the Visiting Research Student agreement.</p> <p>Declaration: 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. I certify that all statements on this application are true and complete and I authorize TRU to verify them.</p>
	<p>Signature: _____ Date: _____</p>