Academic Dual Credit Application

Congratulations on deciding to take this exciting step forward into your education and future career! This guide will be helpful as you prepare your application for submittal to us.

WHAT IS AN ACADEMIC DUAL CREDIT?

Taking part in an academic dual credit course means that you will attend a college course while enrolled in high school. You will receive both college credits and a number of Grade 12 credits that will be used towards your required graduation credits. The school district will provide tuition sponsorship for the course. Your Career Coordinator will support you throughout the application process and the remainder of the course.

PLEASE READ
STEPS FOR SUBMITTING AN APPLICATION:

- It is in your best interest to complete your application as soon as possible to give you the best chance for admittance into the college program. This would ideally be completed as close to the registration opening date as possible, usually a year in advance to the start date. We will also require time to review your application.
- Submit the application package to your Career Coordinator for review and they will forward the completed application to the Career Programs District Office.
- You may be asked to complete an English competency form.
- In addition, your attendance, behavior record, and transcript will also be reviewed.
- If a candidate is successful their application will be sent to the post-secondary institution by the Career Department staff.
- The Career Department and the post-secondary institution will notify the candidate via email if accepted into the program. A conditional acceptance letter will be sent via email to the candidate as well as information from the post-secondary regarding class start times, textbooks, etc.

ADDITIONAL ITEMS THAT NEED TO BE SUBMITTED WITH YOUR APPLICATION

Teacher Recommendation
Ask one teacher/counselor to complete the Teacher Recommendation form and submit it to your Career Coordinator. The necessary form is included in the application package.

WorkSafe Certificate
You should have completed a WorkSafe module in your CLE 10 (Career Life Education) class. Most teachers will provide a WorkSafe Certificate upon successful completion of this module. If you did not receive a certificate then you'll need to complete the unit and test as described in the application package.

CONDITIONAL ACCEPTANCE

After being admitted into the Dual Credit Program students are conditionally accepted and School District #22 reserves the right to refuse/remove sponsorship of any student due to poor attendance, achievement or discipline issues, etc., either prior to the start of the program or through its duration..

CONTACT YOUR CAREER COORDINATOR FOR ASSISTANCE:

Seaton/Alternate
Melanie Jorgensen
mjorgensen@sd22.bc.ca
(250)306-6806

Kal/ VSS
Tim Thorpe
tthorpe@sd22.bc.ca
(250)549-6921

Fulton/CBSS/Crossroads/vLearn
Debbie Meyer
dmeyer@sd22.bc.ca
(250)540-1714

SD22 CAREER PROGRAMS

ACADEMIC DUAL CREDIT
STUDENT APPLICATION PACKAGE CHECKLIST

Last Name: _____ **First Name:** _____

School: _____ **Current Grade:** _____ **Grad Year:** _____

Name of Course: _____ **Start Date:** _____

Name of Course: _____ **Start Date:** _____

Name of Course: _____ **Start Date:** _____

Post-Secondary Campus: _____

Use the checklist below to ensure your application is "complete" *before* handing into the Career Coordinator.

Students:

- ☐ Application Form
- ☐ Personal Paragraph
- ☐ Post-Secondary Institution Application Form
- ☐ Post-Secondary Release of Information
- ☐ Consent for Release of Confidential Information
- ☐ Refusal of Unsafe Work
- ☐ Student Education Plan (planning version)
- ☐ Teacher Recommendation

Planned Occupation/Career: _____

Planned Post-Secondary Credential: _____

Planned Post-Secondary Institution for above Credential: _____

Student Provided Additions:

- ☐ WorkSafe Certificate

Office Additions – OFFICE USE ONLY

- ☐ High School Attendance Record
- ☐ High School Discipline Record (if applicable)
- ☐ Official High School Transcript
- ☐ IEP and Case Manager Recommendation (if applicable)
- ☐ Grad Transition Plan - Signed

In order to successfully complete a Academic Dual Credit Program/Course(s), the student must:

- ❖ Fulfill the Dogwood graduation requirements
- ❖ Pass the post-secondary program course(s)

SD22 CAREER PROGRAMS

APPLICATION FORM

PLEASE PRINT CLEARLY IN PEN

Name: _____
Last Name First Name Middle Name

Preferred Name: _____ **Pronoun:** ☐ she/her/hers ☐ he/him/his ☐ they/them/theirs **Gender:** _____

Indigenous: ☐ Yes ☐ No
If yes: ☐ Status ☐ Non-Status ☐ Inuit ☐ Metis

Canadian Citizen: ☐ Yes ☐ No

Address: _____
(Including City and Postal Code)

PEN#: _____ **School:** _____ **Current Grade:** _____

Student Cell: _____ **Date of Birth (Month, Day, Year):** _____

Student email address: _____
(NOT AN SD22 SCHOOL EMAIL, NO PARENT EMAIL)

Are you currently on an IEP or Learning Plan? ☐ Yes ☐ No

*** If on an IEP**
Case Manager please provide a written reference for the coded student that includes the curricular and environmental adaptions, as outlined in the current IEP.

A copy of the IEP/Learning Plan is attached to the application ☐ Special Ed. Designation _____

Parent/Guardian Contact Name: _____
Last Name First Name

Email address: _____ **Phone:** _____

Parent/Guardian Contact Name: _____
Last Name First Name

Email address: _____ **Phone:** _____

☐ I/We certify the information given in this application is true and complete to the best of our knowledge and understand that, if selected for a Career Program: falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application.

☐ I/We allow the Career Program department to use any program related picture of myself/the student named above for the purpose of promotion and communications for the Program.

☐ I/We are aware that good attendance and work habits are expected and failure to demonstrate them may result in the student's disqualification. It is important for students to seek support early if they are not having success in the program and the career coordinators can help navigate this if help is needed. If your child voluntarily withdraws, is forced to withdraw, or does not successfully complete the Program, the ancillary fees and other costs for student materials will not be refunded.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

All signatures must be in place before application is processed.

SD22 CAREER PROGRAMS

PERSONAL PARAGRAPH

Provide a brief written statement of interest outlining your reasons for wanting to participate in the course at the Post-Secondary Institution.

How would this course support your planned occupation/career?

What do you hope to learn during this program?

Letter of Sponsorship to TRU-OL

THOMPSON RIVERS UNIVERSITY
OPEN LEARNING

TRU-OL Student Services
805 TRU Way,
Kamloops, BC V2C 0C8
truopen.ca
Email: **student@tru.ca**
Fax: 250-852-6405

TRU will not invoice your sponsor directly. Sponsored students are responsible for the outstanding balance on their student account at all times. Students must communicate details of charges to their sponsor and arrange for payment of fees. Students may obtain account information through myTRU.

SPONSOR

AGENCY/GROUP	School District 22 Vernon
MAILING ADDRESS (include suite number if applicable)	1401 15 Street
CITY / TOWN / VILLAGE	Vernon
PROVINCE / STATE	BC
POSTAL CODE / ZIP CODE	V1T 8S8
PRIMARY TELEPHONE NUMBER	250-545-1348 ext 423
EMAIL ADDRESS (print clearly)	careerprograms@sd22.bc.ca
FAX NUMBER	
ATTENTION/CONTACT	Corinne McWhinney

The AGENCY/GROUP named above confirms sponsorship of this STUDENT:

TRU-OL STUDENT NUMBER

"T" FOLLOWED BY EIGHT DIGITS	T
DATE OF BIRTH (mm/dd/year)	
SURNAME (legal)	
FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
MAILING ADDRESS (include suite number if applicable)	
PROVINCE / STATE	
POSTAL CODE / ZIP CODE	
CITY / TOWN / VILLAGE	
HOME TELEPHONE	
EMAIL ADDRESS (print clearly)	
BUSINESS TELEPHONE	

PROGRAM (if sponsoring entire program)

COURSES

COURSE NUMBER	COURSE NAME	COURSE NUMBER	COURSE NAME
COURSE NUMBER	COURSE NAME	COURSE NUMBER	COURSE NAME

DATES (For this period of time)

	to	
MMM-DD-YY (E.G. SEP-01-17)		*MMM-DD-YY (E.G. SEP-01-17)*

COSTS The sponsor agrees the costs they are responsible for include: (Check list please)

Program Application Fee $ SD22 Official Transcript $ SD22

Tuition (including administration, technology and miscellaneous fees) $ SD22

Textbooks $ SD22 Total Sponsored $ _____

AUTHORIZED SPONSOR SIGNATURE	TITLE/POSITION
C Mathiesen	Principal Career Programs

SPONSORED STUDENT – WAIVER FORM

I, _____, do hereby authorize TRU to release any information regarding attendance, progress and grades, upon request, to the above named sponsor.

STUDENT'S SIGNATURE	DATE

TRU CANNOT RELEASE ANY INFORMATION UNLESS THE STUDENT HAS SIGNED THIS WAIVER.

2023–2024 | TRU START **COURSE**

APPLICATION FORM

THOMPSON RIVERS UNIVERSITY

805 TRU Way
Kamloops, BC, Canada
V2C 0C8
tru.ca

PERSONAL INFORMATION **(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: _____

Parent/Guardian name (in full): _____

Parent/Guardian signature: _____

School District Trades/Career Coordinator name (in full): Corinne McWhinney

School District Trades/Career Coordinator signature: _____

ADDITIONAL INFORMATION

Have you ever been a TRU student? You will have been assigned a T-ID: ☐ Yes TRU ID | | | | | | | | | | ☐ No

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

Provincial Education Number (PEN) | | | | | | | | | |

If you are a BC resident, please provide your Personal Education Number (PEN).

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

PROGRAM SELECTION

Indicate the program of study to which you would like to apply (see attached for a list of program options).

- ☐ Applied Sustainable Ranching
- ☐ Early Childhood Education
- ☐ Health Care Assistant
- ☐ Police and Justice
- ☐ Power Engineering
- ☐ Trades Sampler
- ☐ Youth Training in Trades Foundation
- ☐ Unclassified (Course only)

Have you received a Program Information package?

☐ Yes ■ No

Would you like to receive a Program Information package?

☐ Yes ■ No

Select a campus

■ Kamloops ☐ Williams Lake

Which semester do you wish to begin your studies?

☐ Fall 2023 ☐ Winter 2024 ☐ Summer 2024

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)

THOMPSON RIVERS UNIVERSITY

Enrolment Services
805 TRU Way
Kamloops, BC, Canada V2C 0C8
tru.ca

Campus students: records@tru.ca
Open Learning students: student@tru.ca

STUDENT PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)

FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)

TRU STUDENT NUMBER

DATE OF BIRTH (yyyy/mm/dd)

3rd PARTY PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal), FIRST NAME or AGENCY
(parent name)

PHONE

ADDRESS

EMAIL (optional)

PART I - STUDENT INFORMATION

I authorize (print name of person/agency here) School District 22 - Vernon
access to the following information:

- ☑ Academic status
- ☐ Convocation information
- ☐ Enrolment status information
- ☐ Grades
- ☐ Registration information (including current registration status)
- ☐ Special needs documentation/Disability accommodations
- ☐ Other (specify) _____

PART II - FINANCIAL INFORMATION

I authorize (print name of person/agency here) School District 22 - Vernon
access to the following information:

- ☐ Student account balance
- ☐ Student awards
- ☐ Student loan information
- ☐ Tuition and fees assessment
- ☐ Other (specify) _____

PART III - STUDENT TRANSACTIONS

I authorize (print name of person/agency here) School District 22 - Vernon
to carry out the following transactions on my behalf:

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

PART IV - DURATION

This waiver will be valid for the following period:

From: Date (yyyy/mm/dd)_____

To: Date (yyyy/mm/dd) _____

IMPORTANT!

Access to online fee payment and registration services is controlled through each student's T-ID and password. It is the responsibility of each student to control access to their password. Under no circumstances will a student's password be released to a third party, even in cases where this consent has been signed.

PART V - SIGNATURE

Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised and that 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)

OFFICE USE ONLY

DATE (yyyy/mm/dd)

RECEIVED BY

DATE ENTERED (yyyy/mm/dd)

Privacy Notification

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC Freedom of Information and Protection of Privacy Act (the FIPPA). Your personal information is being collected on this form under Section 26(c) of the FIPPA for the purpose(s) of obtaining your consent to release your personal information to the identified third party(ies) as required under Section 33.1(b).

Questions about this privacy notice can be directed to the Privacy Officer at **privacy@tru.ca,** or by calling 250-828-5012, or by post to:

TRU Privacy Office, 805 TRU Way. Kamloops, BC V2C OC8.

This form will be kept on file in compliance with TRU's Records Retention Policy.

SD22 CAREER PROGRAMS

CONSENT FOR RELEASE OF INFORMATION

Student Name: _____
Last Name First Name Middle Name

I hereby grant permission to Vernon School District No. 22 (Vernon) Career Programs personnel to:

☐ Release academic, attendance, and discipline information and/or records to appropriate post-secondary schools and School District No. 22 staff.

☐ Discuss pertinent information with representative from appropriate post-secondary schools and School District No. 22 staff on a strictly confidential basis.

☐ Release and discuss the current Education Plan (IEP) with the post-secondary institution if applicable.

I understand the Vernon School District 22 Career Programs department will only use this information for application purposes.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SD22 CAREER PROGRAMS

REFUSAL OF UNSAFE WORK

If you would like any further information regarding safety aspects of work sites, please contact your local WorkSafeBC office to speak with your area Safety Officer or call 604-276-3100 (toll free 1-888- 621-7233.)

3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or person operate or cause to be operated any tool, appliance or equipment if that has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer. immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

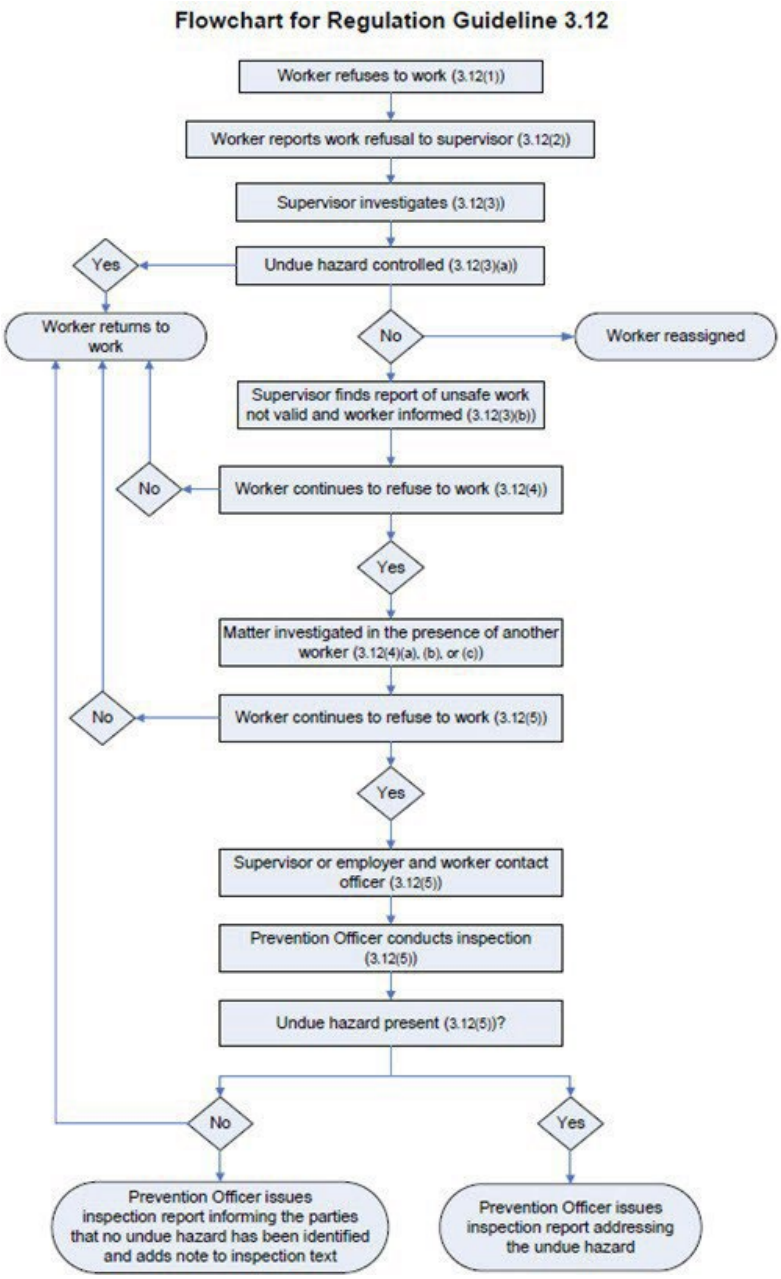
(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

(a) a worker member of the joint committee,

(b) a worker who is selected by a trade union representing the worker, or

(c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry outthe work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.



I have reviewed the Refusal of Unsafe Work with my Career Coordinator

Student Name: _____

Student Signature: _____ Date: _____

Career Coordinator Signature: _____ Date: _____

SD22 CAREER PROGRAMS

EDUCATION PLAN (PLANNING PURPOSES ONLY)

First Name: _____ Last Name: _____ Grade: _____ School: _____

Make an appointment with your Career Coordinator to develop a Transition Plan.

1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. (Students must graduate when they complete their Dual Credit program.)
2. **Within the 80 Credits you MUST have**: ALL required courses Listed below, 5 Grade 12 courses, 1 Fine Art, Tech OR Applied Skill and 1 Indigenous-focused course (4 credit). (52 credits are required course credits and 28 are elective credits).

GRADE 10	
REQUIRED COURSES	**CREDITS**
1. **English Language Arts 10**	4
2. **Social Studies 10**	4
3. **A Math 10**	4
4. **Science 10**	4
5. **Physical Education 10**	4
6. **Career Life Education 10**	4
7. **Fine Arts, Tech, Applied Skill** 10, 11 or 12	4
8.	
9.	
10.	
TOTAL CREDITS FOR GRADE 10:	

GRADE 11	
REQUIRED COURSES	**CREDITS**
1. **A Language Arts 11**	4
2. **A Social Studies 11 or 12**	4
3. **A Math 11**	4
4. **A Science 11 or 12**	4
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL CREDITS FOR GRADE 11:	

GRADE 12	
REQUIRED COURSES	**CREDITS**
1. **A Language Arts 12**	4
2. **CLC & Capstone**	4
ELECTIVE CREDITS *Must have at least two additional elective grade 12 courses other than English 12 and CLC to graduate. This could include **elective** grade 12 courses that you took in grade 11*	
Grad Requirement of Indigenous-focused course work (4 credit) **Indigenous Credit** ☐	
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS	

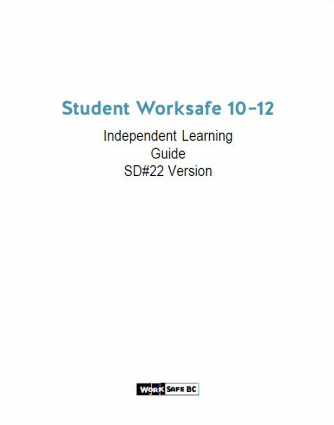
SD22 CAREER PROGRAMS

STUDENT WORKSAFE 10-12 INDEPENDENT LEARNING GUIDE

Completing WorkSafe training is Mandatory for all students going in to a Dual Credit Program.
If you have not received a WorkSafe Certificate in Planning 10/ CLE 10/CLC 12, then the following **Student WorkSafe 10-12 Independent Learning Guide and accompanying test** is required to be completed.

If you do have a WorkSafe Certificate please make a copy and bring it to your Career Coordinator for your file.

HOW TO GET STARTED



1. Download and read the Student WorkSafe 10-12 Independent Learning Guide SD#22 Version:
   https://sd22org-my.sharepoint.com/:b:/g/personal/careerprograms_sd22_bc_ca/EQq16yAluKpNnmBSLDyvGFwBzsP1oNo2pUY-ZeTNe24e2w?e=o078Jl

2. Follow the link below to take the test. You must get at least 16/20 - retake the test if necessary. Let your Career Coordinator know when you have successfully completed the test.
   TEST Link: https://forms.gle/PjsnqFDYp25ZSKwt6

SD22 CAREER PROGRAMS

TEACHER RECOMMENDATION

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine readiness for Career Programs. A quality response to the general comments section is also important.

Student Name: _____ School: _____

Teacher Name: _____ Teacher Email: _____

Course: _____

Teacher Signature: _____ Date Signed: _____

	POOR		TO		EXCELLENT
Attendance and Punctuality	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

Work Ethic	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

Attitude	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

Initiative/Motivation	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

Interpersonal Skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments: _____

General Comments:

_____

_____

_____