



INSTRUCTIONS FOR:

Dual Credit Applications

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.

PLEASE READ BEFORE SUBMITTING AN APPLICATION:

All Applications must be typed or written with pen clearly. **Pencil Applications will not be accepted.**

1. Complete Your Application Early

- Submit your application as soon as possible— (at least **one year before the program start date**). This gives you the best chance of being admitted and allows time for review.

2. Submit Your Application Package

- Give the completed application to your **Career Coordinator**.

3. Notification of your Application Status

- The Careers Program department will review your application and notify the student, as well as the parent/guardian via email with either a conditional acceptance, waitlist or rejection of application prior to program start.
- If **your application is approved** by the Career Programs department, we will submit your application to TRU.

4. Monitor Email

- **Monitor the email address you provided** in your post-secondary application. Make sure to check your junk/spam folder as well. The Post-Secondary Institution will send correspondence about your application status to the provided email address.
- Once you receive confirmation of your program acceptance from TRU, **please forward all correspondence** to careerprograms@sd22.bc.ca.

5. Receive Your Acceptance Letter

- After the post-secondary institution approves your application, you'll get a **Letter of Conditional Acceptance** by email from the SD22 Career Programs department. This letter confirms you have been accepted into the program.

If you're unsure about any step, talk to your **Career Coordinator** early—they're there to help you succeed!

Career Coordinator Contacts:

KAL/VSS – Tim Thorpe | 250-549-6921 | tthorpe@sd22.bc.ca

ALTERNATE/SEATON – Melanie Jorgensen | 250-306-6806 | mjorgensen@sd22.bc.ca

CBSS/CROSSROADS/FULTON/VLEARN – Debbie Meyer | 250-540-1714 | dmeyer@sd22.bc.ca

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 | Consent for Release of Confidential Information |
| Personal Paragraph | Refusal of Unsafe Work |
| Post-Secondary Institution Application Form | Student Education Plan (planning version) |
| Post-Secondary Release of Information | 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 | IEP and Case Manager Recommendation
(if applicable) |
| High School Discipline Record
(if applicable) | Grad Transition Plan - Signed |
| Official High School Transcript | |

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 Canadian Citizen: Yes No
If yes: Status Non-Status Inuit Metis

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 adaptations, as outlined in the current IEP.

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

First Contact (all correspondence)

Parent/Guardian Name: _____
Last Name First Name

Email address: _____ Phone: _____

Second Contact

Parent/Guardian 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.

2025–26 | TRU START APPLICATION FORM



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.



2025-26 | TRU START APPLICATION FORM



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

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

2025–26 | TRU START APPLICATION FORM



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

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.

Tuition including fees \$ _____

OTHER \$ _____

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.

Letter of Sponsorship to TRU-OL



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 \$ _____	Official Transcript \$ _____
Tuition (including administration, technology and miscellaneous fees) \$ _____	
Textbooks \$ _____	Total Sponsored \$ _____
AUTHORIZED SPONSOR SIGNATURE <i>CMcWhinney</i>	TITLE/POSITION

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



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: _____

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.

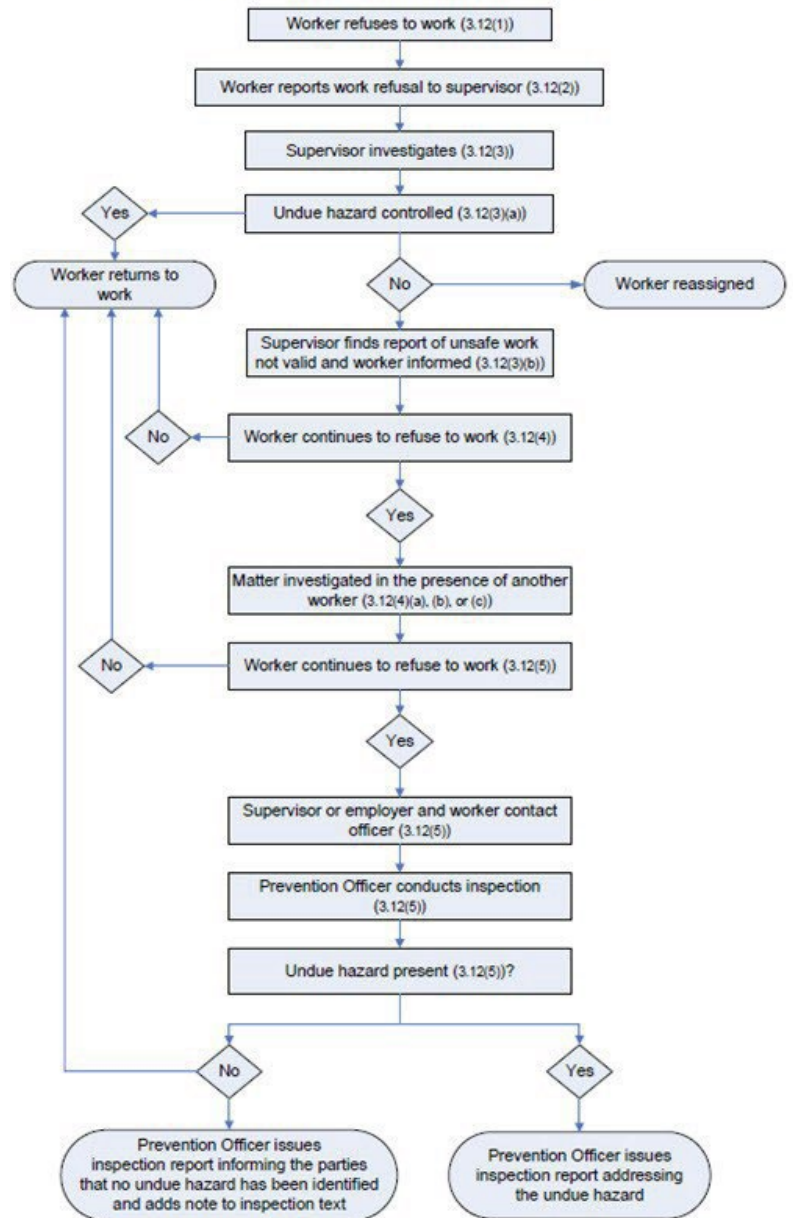
(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(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 out the 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.

Flowchart for Regulation Guideline 3.12



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

Student Name: _____

Student Signature: _____

Date: _____

Career Coordinator
Signature: _____

Date: _____

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	
<i>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</i>	
Grad Requirement of Indigenous-focused course work (4 credit)	
Indigenous Credit	<input style="width: 30px; height: 20px;" type="text"/>
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS	
---------------------------	--

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

Student Worksafe 10-12
Independent Learning
Guide
SD#22 Version



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	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Comments: _____

Work Ethic	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
------------	----------------------------	----------------------------	--	----------------------------	----------------------------	----------------------------

Comments: _____

Attitude	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
----------	----------------------------	----------------------------	--	----------------------------	----------------------------	----------------------------

Comments: _____

Initiative/Motivation	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
-----------------------	----------------------------	----------------------------	--	----------------------------	----------------------------	----------------------------

Comments: _____

Interpersonal Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
----------------------	----------------------------	----------------------------	--	----------------------------	----------------------------	----------------------------

Comments: _____

General Comments:

