



## Joint Program Consent Form

To be completed in addition to the standard admission application required by each institution.

**Important:** The purpose of this form is to obtain student consent to information sharing by Alexander College and Thompson Rivers University as it pertains to administration of the joint program. Submit this form with the Alexander College portion of your application to the joint program. The completed form must be included with your submission of supporting admission documentation.

### 1. Student Information

Student Full Legal Name	Date of Birth (DD-MMM-YYYY)
Alexander College Student ID (if known)	TRU Student ID (if known)

### 2. Terms and Conditions

- I understand that this form does not replace the regular application for admission required by Alexander College and Thompson Rivers University.
- I understand that this request relates to entry into a designated joint program pathway and that admission, continuation, and progression remain subject to the published requirements, policies, procedures, deadlines, capacity limits, and academic decisions of each institution.
- I understand that participation in the joint program does not guarantee course availability, transferability beyond the approved pathway, scholarship eligibility, immigration outcomes, or graduation unless all institutional and program requirements are met.
- I understand that one credential - the bachelor degree - will be awarded by Thompson Rivers University if I successfully complete the requirements of the applicable program.
- I agree to provide complete and accurate information and to promptly notify either institution of any material change that may affect my admission, records, or eligibility for participation in the joint program.

### 3. Consent to Release and Collection of Personal Information

By signing this form, I expressly authorize Alexander College and Thompson Rivers University to collect, use, and disclose my personal information to one another as reasonably necessary to administer this joint program request and, if approved, my participation in the joint program. This includes personal information contained in my applications, admissions records, academic history, transfer credit information, advising records, enrolment status, and related student records required for assessment, admission processing, pathway planning, registration support, academic progression, program administration, student services, and records management.

I understand that Alexander College is a private post-secondary institution and handles personal information in accordance with the Personal Information Protection Act (British Columbia). I understand that Thompson Rivers University is a public body and handles personal information in accordance with the Freedom of Information and Protection of Privacy Act (British Columbia). I understand that I may withdraw my consent in writing and upon reasonable notice, subject to legal or operational limits, by contacting the Office of the Registrar at Alexander College and International Office at Thompson Rivers University .



Alexander College



THOMPSON RIVERS UNIVERSITY

#### AC Collection Notice (PIPA)

Alexander College notice: Alexander College collects, uses, and discloses the personal information you provide on this form for purposes reasonably related to assessing and administering this joint program request and related academic and student support services. Questions about Alexander College's collection, use, or disclosure of personal information may be directed to the Office of the Registrar at [registraroffice@alexandercollege.ca](mailto:registraroffice@alexandercollege.ca).

#### TRU Collection Notice (FOIPPA / FIPPA)

Thompson Rivers University collects the personal information on this form directly from you for the purpose of assessing and administering your request for entry to a joint program, and if approved, for administering admissions, enrolment, advising, academic progression, records, and related student services connected to that program. The legal authority for this collection is sections 26(c) and 27 of the Freedom of Information and Protection of Privacy Act, and, where applicable to the integrated delivery of the program, section 27(1)(a)(iii). Questions about TRU's collection of personal information may be directed to the TRU Privacy and Access Office at [privacy@tru.ca](mailto:privacy@tru.ca) or 250-828-5012.

#### 4. Student Declaration and Signature

Student Signature	Date
-------------------	------