

**From:** [James Wagner](#)  
**To:** [Alana Hoare](#)  
**Subject:** FW: Your form "2019 Annual Report" got a response  
**Date:** Monday, July 29, 2019 8:45:20 AM

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For your records

**James Wagner**

Coordinator of Data and Records

[Northwest Commission on Colleges and Universities](#)

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**From:** FormAssembly <no-reply@formassembly.com> **On Behalf Of** Response Report

**Sent:** Monday, July 29, 2019 8:20 AM

**To:** James Wagner <jwagner@nwccu.org>

**Subject:** Your form "2019 Annual Report" got a response

Your form "2019 Annual Report" has received the following response:

Submitted on: 07/29/2019 08:20:13 AM

Completion time: 48 min. 41 sec.

Section 1: Institutional Information (1/5)

Name of Institution

**Thompson Rivers University**

Mailing Address

**900 McGill Road**

City

**Kamloops**

State / Province

**British Columbia**

Zip / Postal Code

**V2C 0C8**

Country

**Canada**

Physical Address

**900 McGill Road**

City

**Kamloops**

State / Province

**British Columbia**

Zip / Postal Code

**V2C 0C8**

Country

**Canada**

Title (Dr., Mr., Ms., etc.)

**Dr.**

Does this CEO role need to be updated?

First Name

**Brett**

Last Name

**Fairbairn**

Position (President, etc.)

**President and Vice Chancellor**

Email

[president@tru.ca](mailto:president@tru.ca)

Phone

**250-828-5001**

Fax

Title (Dr., Mr., Ms., etc.)

**Ms.**

Does this ALO role need to be updated?

**Yes. Complete the NEW ALO contact form below**

First Name

**Alana**

Last Name

**Hoare**

Position (President, etc.)

**Quality Assurance & Accreditation Liaison Officer, Office of the Provost and Vice President Academic**

Email

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[ahoare@tru.ca](mailto:ahoare@tru.ca)

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Phone

**250-852-7191**

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Fax

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Title (Dr., Mr., Ms., etc.)

**Ms.**

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First Name

**Alana**

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Last Name

**Hoare**

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Position (President, etc.)

**Quality Assurance & Accreditation Liaison Officer**

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Email

[ahoare@tru.ca](mailto:ahoare@tru.ca)

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Phone

**250-852-7191**

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Fax

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Address

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Title (Dr., Mr., Ms., etc.)

**Mr.**

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Does this CFO role need to be updated?

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First Name

**Matt**

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Last Name

**Milovick**

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Position (President, etc.)

**Vice President, Administration & Finance**

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Email

[mmilovick@tru.ca](mailto:mmilovick@tru.ca)

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Phone

**250-377-6123**

Fax

Address

Title (Dr., Mr., Ms., etc.)

**Dr.**

Does this CAO role need to be updated?

First Name

**Christine**

Last Name

**Bovis-Crossen**

Position (President, etc.)

**Provost & Vice President Academic**

Email

[provost@tru.ca](mailto:provost@tru.ca)

Phone

**250-377-6126**

Fax

Address

Title (Dr., Mr., Ms., etc.)

**Dr.**

Does this Faculty Senate role need to be updated?

First Name

**Brett**

Last Name

**Fairbairn**

Position (President, etc.)

**President & Vice Chancellor**

Email

[president@tru.ca](mailto:president@tru.ca)

Phone

**250-828-5001**

Fax

Articles of Incorporation

If your Articles of Incorporation and/or Bylaws have changed, please identify the section(s) that have been modified in the governing documents that have been uploaded to this report.

Section 2: Institutional Demographics (2/5) Students (all locations)

	Unduplicated Headcount	Full-Time Equivalent (FTE)
(a) Undergraduate	<b>12513</b>	<b>3992.1</b>
(b) Graduate (if applicable)	<b>743</b>	<b>237.6</b>
(c) Unclassified	<b>553</b>	<b>511.5</b>
(d) Post-Baccalaureate Students (Canada only)	<b>1218</b>	<b>457.6</b>
TOTALS	<b>15027</b>	<b>5198.8</b>

Faculty (all locations)

	Unduplicated	Full-Time Equivalent (FTE)
(a) Full-Time	<b>692</b>	<b>539</b>
(b) Part-Time	<b>497</b>	<b>205</b>
TOTALS	<b>1189</b>	<b>744</b>

Section 3: Institutional Finances (3/5) Educational and General Expenditures Finance Report  
Additional Financial Information

Does your Institution's uploaded financial documents include multiple campuses?

**Yes**

Does your Institution's uploaded financial documents include a hospital?

**No**

If the current institutional expenses do not match the Educational and General Expenditures (E & G) of the most recently submitted IPEDS Finance Survey (U.S. institutions only), or, the uploaded Audited Financials (U.S.) and uploaded Consolidated Financial Reports (Canadian), please provide an explanation here.

Higher Education Act

Does your institution use its accreditation or pre-accreditation with the Northwest Commission on Colleges and Universities to establish eligibility to participate in Higher Education Act (HEA) programs, including Title IV funding?

**No**

Section 4: Student Rates (4/5) Graduation Rate: Two-Year Institutions ONLY

	<b>Cohort Year (YYYY) *</b>	<b>Graduation Rate **</b>
150% of Normal Time		
200% of Normal Time		

Graduation Rate: Four-Year Institutions ONLY Four-Year Institutions

**2011**

**40.3**

Retention Rates

	<b>Cohort Year (YYYY) *</b>	<b>Full-Time **</b>	<b>Part-Time **</b>
Retention Rates	<b>2018</b>	<b>71</b>	<b>54</b>

e

	<b>Cohort Year (YYYY) *</b>	<b>First-Time, Full-Time **</b>
Transfer-Out Rate		

Section 5: Significant Growth (5/5) Significant Growth: Enrollment

Is your institution experiencing significant enrollment growth? NWCCU's Significant Growth Policy defines significant growth as, "the enrollment of an institution, whatever its size or type, [having] grown by a total of more than 50% over a two-year period (two consecutive institutional fiscal years)."

**No**

Significant Growth: Programs Need a copy?

If you want a copy of your completed Annual Report, please enter your email address

[ahoare@tru.ca](mailto:ahoare@tru.ca)

[Audited Financials 2017\\_18.pdf \(2349Kb.\)](#)