

Therapeutic Recreation Program

SSOLF DWURQ

Program: ' Diploma Full-Time ' Diploma Part-Time ' Degree Full-Time ' Degree Part-Time

Student Number: _____

Name: _____
Last First Middle Initial

Address: _____ City: _____

Postal Code : _____ Birth Date: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

E-mail Address: _____

EDUCATION (last public school or high school attended)

Name of high school : _____ Location: _____

Last Grade Completed: _____ Date: _____ Transcript Sent In? ' Yes ' No

Name of College/University 1: _____

Start Date: _____ End Date: _____ Major Area of Study : _____

Certificate/Diploma/Degree : _____

Name of College/University 2: _____

Start Date: _____ End Date: _____ Major Area of Study : _____

Certificate/Diploma/Degree : _____

Transcript Sent In? ' Yes ' No Have you applied For Transfer Credit?

RELATED QUALIFICATIONS

First Aid, CPR, Food Safe, Swimming, and/or Coaching certificates

* Please include expiry dates of certificates

Work related upgrading and/or continuing education certificates

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Please complete and return this form to the Therapeutic Recreation 3 U R J U D P
Faculty of \$ S S O L H G Cor Studies.