Form for student-athletes in a Sport-Etude program (CEGEP) applying to McGill University’s Med-P program in the Faculty of Medicine.

SECTION 1: APPLICANT IDENTIFICATION

Last Name: ___________________________ First Name: ___________________________

Mailing Address: _______________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Email: ________________________________________________________________

Other Contact Information: ___________________________________________________

MELS Permanent Code: ________________________________________________________

McGill ID Number: ___________________________________________________________

Academic Institution(s) CEGEP Attended:
Include the institution name, their campus location, and the first and last sessions completed or anticipated to complete.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>LOCATION</th>
<th>START</th>
<th>END</th>
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SECTION 2: SPORT INFORMATION

♦ Discipline: ________________________________________________________________

♦ Level/ *Position: _________________________________________________________
  *if a team sport

♦ Name of Sport Organization: _______________________________________________

♦ Address of Sports Organization: ___________________________________________

♦ Name of Coach/ Trainer: _________________________________________________

♦ Contact Information
  of Coach/ Trainer (email, phone) ___________________________________________
**SECTION 3: ATHLETIC CLASSIFICATION**

♦ Current Level:
  - Based on Sport-Études: ☐ Emerging ☐ Rising ☐ Elite ☐ Excellent ☐ N/A
  - Based on Sport Canada: _______________________________ ☐ N/A

♦ Diploma: ☐ A ☐ B ☐ C ☐ D ☐ Other: _______________________________ ☐ N/A

♦ Category: ☐ Junior ☐ Senior ☐ Other: _______________________________ ☐ N/A

At the onset of your collegial studies, what was your “Sport-Études” level:
  - ☐ Emerging ☐ Rising ☐ Elite ☐ Excellent ☐ N/A

**SECTION 4: TRAINING SCHEDULE**

♦ Using the calendar below, describe the typical yearly training and competition schedule for your sport. *Indicate training or competition periods by blacking out the corresponding blocks. If completing the form electronically use an “X”.

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
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</table>

examples

Training

Competition

♦ During your training season, what are the average amount of hours per week you dedicate to the following activities:

  ➔ _______ hours/ week training
  ➔ _______ hours/ week conditioning
  ➔ _______ hours/ week visualizing
  ➔ _______ hours/ week at games (*including exhibition and competitive*)
  ➔ _______ hours/ week recuperating
  ➔ _______ hours/ week traveling

♦ During your competition season, what are the average amount of hours per week you dedicated to the following activities:

  ➔ _______ hours/ week training
  ➔ _______ hours/ week conditioning
  ➔ _______ hours/ week visualizing
  ➔ _______ hours/ week at games (*including exhibition and competitive*)
  ➔ _______ hours/ week recuperating
  ➔ _______ hours/ week traveling
If required, what is the average amount of time (either in hours/ week or hours/ month), you dedicate to physiotherapy, massage therapy, visits to specialists, physical testing, etc. for your sport. Please list in detail.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Dates</th>
<th>H/week or H/month</th>
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<tbody>
<tr>
<td>(example) physical therapy, 1- 3 X per month</td>
<td>From Sept 2007 to Jan 2008</td>
<td>Average of 12h/ month</td>
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</tbody>
</table>

Have you ever been injured, or were there any other unforeseen circumstance which caused you to interrupt your training schedule? If yes, please list the details below (reason, timeline Start/ End).

In your own words, briefly describe how your training schedule has had an impact on your CEGEP education. For example, you may want to describe what types of adaptation you have had to make to your studies, or any exceptional circumstances, or adjustments you have had to make to your training.
Using the table below, please list your competition information.

- **LEVEL** The level of your game, or competition. List MUNC for municipal, PROV for provincial, NATL for national, INTL for international or SPEC for competitions or games of a very high caliber, such as Olympic Games, or Commonwealth Games, etc.
- **DATE** Date(s) of the game or competition. Please use the format yyyy-mm-dd.
- **COMPETITION** The official title or name of the competition or game.
- **LOCATION** The town/city and province (or country) where the game, or competition took place.
- **EVENT** Description of the specific discipline or sporting contest.
- **PARTICIPANTS** The number of people who participated in each game/competition, and the number of provinces or countries represented.
- **RANK** Your placement or final result. Please include if you beat a record.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>DATE(S)</th>
<th>COMPETITION</th>
<th>LOCATION</th>
<th>EVENT</th>
<th>PARTICIPANTS</th>
<th>RANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATL</td>
<td>2009-12-03 à 2009-12-05</td>
<td>Diving Canada : Winter National Championships-2009</td>
<td>Edmonton (Alberta)</td>
<td>Men’s, 3 m, synchronized diving.</td>
<td>24 participants from 7 provinces</td>
<td>1st NEW RECORD</td>
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<tr>
<td>INTL</td>
<td>2010-01-17</td>
<td>World Junior Championships (Volleyball)</td>
<td>Washington, DC, USA</td>
<td>Western Semi-Finals</td>
<td>14 teams from 6 countries</td>
<td>9th</td>
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Repeat this page if needed.
SECTION 6: CONSIDERATIONS
In your own words, what would you like the Admissions Committee to take into consideration (in context of the sport-ettes program) for your medicine application?

SECTION 7: ATTESTATION
CANDIDATE SIGNATURE
By signing this form, I confirm the information provided is true.

X: _______________________________  ______________________________
   Signature                               Date

SIGNATURE OF THE TRAINER OR SPORTS CLUB REPRESENTATIVE.
By signing this document I confirm that the information presented in the sections marked with a ♦ symbol are true. (At your discretion, please feel free to provide a letter of support)

Name: __________________________________________(please print.)

X: _______________________________  ______________________________
   Signature                               Date