



## McGill University – Faculty of Medicine and Health Sciences

### SPORT-ÉTUDES FORM

### CHECKLIST: [EXTC]

**WHO CAN USE THIS FORM?** CEGEP students enrolled in a **Sport-Études program or competing in national or high-level sport** applying to the Med-P Qualifying Year, and who request an exemption from the Med-P eligibility conditions. (*Examples include:* not taking a minimum of six courses (13.33 credits) in each regular semester; taking more than 2 years to complete the DEC; taking prerequisite courses outside of a regular semester.

**HOW IS THE INFORMATION USED?** To determine if you remain eligible for the Med-P Qualifying Year. No adjustments or compensations for academic performance are made based on sports involvement.

**SUBMISSION INSTRUCTIONS:** Check the “**Extenuating Circumstances**” box when completing the McGill Web Application. The item “EXTC” will appear on your Minerva document upload checklist. If you forgot to check the box and it is still before the March 1 deadline, email the Admissions office at [admissions.med@mcgill.ca](mailto:admissions.med@mcgill.ca) ; EXTC will be added to your Minerva so you can upload your documents. If you also wish to claim extenuating circumstances (serious illness or personal difficulties impacting your academics: [www.mcgill.ca/medadmissions/applying/elements/extenuating-circumstances](http://www.mcgill.ca/medadmissions/applying/elements/extenuating-circumstances)), combine both sets of documentation into one pdf file and upload to the EXTC item.

#### SECTION № 1 APPLICANT IDENTIFICATION

FULL NAME: _____		McGill ID# _____	
Last		First	
Establishment(s) / CEGEP(s) attended : (Include first and last session (current or planned) attended)			
INSTITUTION NAME	CAMPUS LOCATION	FIRST	LAST

#### SECTION № 2 : SPORTS IDENTIFICATION

SPORT:
Event(s) / Position (if team sport):
Sports Club Name:
Sports Club address / website:
Coach/Trainer: (Name, Email, Tel.)

#### SECTION № 3 : ATHLETE CLASSIFICATION

CURRENT RANK:					
Sport-Études :	<input type="checkbox"/> Espoir	<input type="checkbox"/> Relève	<input type="checkbox"/> Élite	<input type="checkbox"/> Excellence	<input type="checkbox"/> n/a
Sport Canada :	_____				<input type="checkbox"/> n/a
Other classification (details): _____					
At the beginning of your CEGEP education, what was your Sport-Études classification :					
	<input type="checkbox"/> Espoir	<input type="checkbox"/> Relève	<input type="checkbox"/> Élite	<input type="checkbox"/> Excellence	<input type="checkbox"/> n/a

#### SECTION № 4 : SPORTS CALENDAR

Using the table below, indicate the hours per week each month in your typical sport season (training and competitions).

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Training												
Competition												

Have you ever been injured, or were there any other unforeseen circumstances which caused you to interrupt your training schedule? If yes, list the details (reason, timeline, start/end dates).

In your own words, briefly describe how your training schedule has had an impact on your CEGEP education. For example, what adjustments did you make to your studies (timeline, meeting the diploma requirements) or to your training?

#### SECTION № 5 : ATTESTATION

**Candidate SIGNATURE:** *By signing this form, I confirm the information provided is true.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Coach/Trainer SIGNATURE** *By signing this form, I confirm the information provided is true.*

**Name (please print):** \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*