BCR Student Statement

Please fill out this form and email to Sarah Hawley at sjhogan@ucalgary.ca or print out and fax to our office: 403.220.6494

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| Name: |
| Admission Date: |
| UCID: |
| Address (including Postal Code) |
| Email Address: |
| Telephone Number (Please include your area code): |

**PART A: Choose ONE of the FOUR routes below and fill in the appropriate information**

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| --- | --- | --- | --- |
| If you have: | Credential or Number of Units | Institution | Date Awarded |
| Approved Rehabilitation Diploma |  |  |  |
| First Degree |  |  |  |
| Another U of C program (COP)/ Open Studies |  |  |  |
| Diploma from another University |  |  |  |
| High School Diploma |  |  |  |

PART B: BCR Statement Form  
  
List your related employment or volunteer experience (full and/or part-time) beginning with the most recent. Please include one and/or two references including contact information.

List your related education, such as training programs, workshops and/or short courses.

What factors have led to your decision to pursue a career in Community Rehabilitation and Disability Studies and what characteristics do you possess that make you think that you would do well in this field?

Describe the kind of settings you anticipate working in?

How did you hear about our program? (Website, Diploma Program, etc.)

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| This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Universities Act. It is required for admission purposes and forms part of a student's record. If you have any questions about the collection or use of this information, please contact the Student Program's Office at (403) 220-5621. |