



Graduate Certificate in Rehabilitation Program Application Form

Please **DO NOT** complete this form before you review the eligibility requirements for admission on the [program website](#).

PERSONAL INFORMATION

Last or Family Name:		First or Given Name:	Middle Name:	
Address:			City:	
Province/State:	Postal/Zip Code:		Country:	
Phone # (Home):	Phone # (Work):	Email Address:		
Date of Birth:	Citizenship:			
Please indicate your health profession (e.g. OT, PT, RN, Chiropractor, Kinesiologist, Dietician, etc):				
			Yes	No
I have reviewed the admissions requirements of the program and, to the best of my knowledge, I meet those requirements. View requirements .			<input type="checkbox"/>	<input type="checkbox"/>
I understand that my application will be considered when all required documentation is received by the UBC Rehabilitation Science Online Programs. View procedures .			<input type="checkbox"/>	<input type="checkbox"/>
I have failed a year or been required to withdraw from UBC or another college or university.			<input type="checkbox"/>	<input type="checkbox"/>
I have studied at UBC before.			<input type="checkbox"/>	<input type="checkbox"/>
If you answered Yes to the last question, please provide your UBC Student number and your name when you studied at UBC (<i>if different from your current name</i>):				
Please indicate whether you want to take your first course in September or January:				
Please describe how you found out about our program (e.g. information session, searching the Internet, recommendation):				

DECLARATION

- I accept that if, in reading and completing this application, I knowingly or carelessly provide untrue or incomplete information, (a) any offer of admission, whether accepted or not, may be withdrawn by UBC; (b) I may be required to withdraw from any course in which I am enrolled; and (c) I may be subject to academic discipline.
- I agree that UBC may verify the information provided by contacting the relevant institution or any secondary or post-secondary institution.
- I accept that information on falsified documents is shared with the Association of Universities and Colleges of Canada.

Signature of Applicant:	Date:
-------------------------	-------

IMPORTANT NOTES:

1. Please email your completed form to info@mrsc.ubc.ca or fax it to (604) 822-7624 to the attention of the Program Assistant, Rehabilitation Science Online Programs. If sent by fax, please email the Program Assistant at info@mrsc.ubc.ca to confirm that your application has been received.
2. Please send all other required documents to the address: **Graduate Certificate Program Admissions, Rehabilitation Science Online Programs, T-325-2211 Wesbrook Mall, Vancouver, BC Canada V6T 2B5**