



FACULTY OF PHYSICAL EDUCATION AND HEALTH  
UNIVERSITY OF TORONTO

## Statement of Interest for Admission to the BPHE Program

Applicant's last name	Given names: circle name used	UofT Student number
<p>The Physical and Health Education degree program at the University of Toronto is accredited in both Kinesiology and Teacher Preparation by the Canadian Council of University Physical Education and Kinesiology Administrators (CCUPEKA). In each year of the program, students engage in courses within the biophysical sciences, social sciences and humanities, physical activity, and leadership development. It is the Faculty's belief that all these components of the program are integral to the preparation of a successful leader in physical and health education.</p>		
<p>To assist us in assessing your application, we would like you to give us some details about your physical activity and leadership background. We welcome applications from students with a disability. Applicants from this population are invited to check the box below, and contact the BPHE Admissions Office at 416-978-3026 or <a href="mailto:margaret.ajax@utoronto.ca">margaret.ajax@utoronto.ca</a> for assistance with requests for special accommodation.</p> <p style="text-align: right;">Disability <input type="checkbox"/> Yes    You may elaborate in Question four below.</p>		
<p><b><u>Instructions:</u></b> <i>This document will form part of your application for admission. Please provide your responses in the space below each question and submit the completed form on-line, no later than March 15, 2006. If you are completing a manual version, return the completed form to the address at the end of this form. Your application will not be considered without receipt of a completed Statement of Interest.</i></p>		
<p><b><u>Scholarships:</u></b> All applicants to the BPHE Program are considered for admission scholarships on the basis of their academic achievement and information submitted on this Statement of Interest Form. It is important that applicants complete this form carefully and thoroughly to facilitate the scholarship decision process. A list of Admission scholarships is available on the Faculty's website. Scholarships with a need-based criterion are awarded to Ontario residents who are able to demonstrate financial need as determined by OSAP. To be considered for these financial need scholarships, applicants must complete and submit the UTAPS application at <a href="http://www.adm.utoronto.ca/fa/UTAPS/utaps_info.htm">http://www.adm.utoronto.ca/fa/UTAPS/utaps_info.htm</a> by <b>March 15, 2006</b>.</p>		
<p><b>1. Why are you interested in studying this particular program in Physical Education and Health?</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p><b>2. What have you done to prepare yourself for a program in Physical Education and Health?</b> Include participation in:</p> <ul style="list-style-type: none"><li>-physical activity (e.g., organized, recreational, competitive, non-competitive);</li><li>-leadership activities (e.g., student council/athletic association officer, playground/camp leader, instructor/coach, health or community organizations)</li></ul> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**3. List any awards or recognitions you have received, or for which you were nominated:**

Please indicate (R) for received or (N) for Nominated.

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**4. Please provide any other information about yourself not covered above, for example:**

- additional awards or significant accomplishment
- exceptional circumstances that have affected your academic performance or ability to pursue leadership opportunities e.g. medical/family/athletics.....  
(supporting documentation may be requested where applicable)

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**Please include the name and contact information of someone (teacher, coach, mentor or employer) who will provide a reference on your behalf. S/he must have known you for at least two years.**

Name of Referee: \_\_\_\_\_ Relationship to you: Teacher/Coach/mentor/Employer (circle one)  
 Organization: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Optional: Aboriginal Applicants**

*Applicants who have aboriginal ancestry (i.e. Status, Non-Status, Inuit, Métis) are entitled to special consideration in the selection process. If you wish this consideration, please check the box below*

*Aboriginal ancestry*     **Yes**    *Proof will be required*

**Declaration by Applicant**

The name shown at the top of the form and on my OUAC application is the complete name by which I am legally and correctly known. I understand that if I have not previously applied to or registered at the University of Toronto, this name will be officially recognized in the academic records of the University. I hereby certify that all statements on the application and in any material filed in support hereof are true, correct and complete, and all material information has been disclosed. I understand that if the University finds to the contrary, my association with, admission to, or registration in the University may be rescinded and cancelled after notice in writing to me at my home or sessional address. In addition, other Canadian universities may be contacted.

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

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

*Last date for receipt of completed form is March 15, 2006. Submit on-line at [www.ac-fpeh.com](http://www.ac-fpeh.com) or mail hard copy to:*

**The Undergraduate Admissions Committee  
Faculty of Physical Education and Health  
University of Toronto  
55 Harbord Street  
Toronto, Ontario, M5S 2W6**