



Kinesiology Verification of Experience Form

Applicant information:

Name (please print)

OC I.D. #

Address:

Telephone Number:

Physical Activity and Sport Experience Information:

In the boxes below, please document your recent participation in organized sport or physical activity. Consider courses taken for high school credit in physical education, organized sports teams, regular group fitness classes or a structured individual fitness training program. Leadership experience within any of these activities should be highlighted as an asset.

For each item you are required to list:

- A general description of the activity including location, start date, end date, total number of weeks, average number of hours per week.
- Complete details for a sport or fitness professional contact person (e.g., physical education teacher, sport coach, or certified fitness professional) who could verify this experience.

General description of the activity:		
Location:		
Start Date:	End Date:	Total Number of weeks:
Average number of hours per week:		
Contact Person:		
Job Title:	Phone or email:	

General description of the activity:		
Location:		
Start Date:	End Date:	Total Number of weeks:
Average number of hours per week:		
Contact Person:		
Job Title:	Phone or email:	

General description of the activity:		
Location:		
Start Date:	End Date:	Total Number of weeks:
Average number of hours per week:		
Contact Person:		
Job Title:	Phone or email:	

General description of the activity:		
Location:		
Start Date:	End Date:	Total Number of weeks:
Average number of hours per week:		
Contact Person:		
Job Title:	Phone or email:	

Applicants are required to select one of the professional contact people listed above to verify the information included on this form. Please have this person complete the section below.

Verification of Experience: to be completed by a sport or fitness professional.

I have known for the past years. I am willing to verify that, to the best of my knowledge, the above information is correct and complete.

Name (print):

Job Title:

Signature:

Contact Information:

Date:

Email:

Student Declaration:

I certify that the information given on this form and in any documents attached is correct, complete and discloses all relevant information.

I understand that Okanagan College personnel will review this form in support of making admissions decisions. I also understand that this form will become part of my Okanagan College student file.

Applicant Signature:

Date:

Please send this completed form in PDF format to: pentictonadmissions@okanagan.bc.ca