

**THE BLOCK TRANSFER SUBMISSION**  
**TO**  
**THE BACHELORS OF COMMUNITY REHABILITATION**  
**UNIVERSITY OF CALGARY**

**Full Name and Mailing Address of College**

**Contact Name at College and Email Address**

**Overview of College**

**Description of the Program and Charter Agreement (Affiliation)**

**Existing Transfer Agreements with Other Universities**

**Academic Curriculum by Semester**  
(Colleges with a three year program, please complete 3 year column)

<b>Semester</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<b>Fall (1)</b>			
<b>Winter (2)</b>			
<b>Spring (3)*</b>			
<b>Summer (4)*</b>			

\* if applicable

**Description of courses from calendar**

**Faculty of the Program**  
**(including academic qualifications and experience)**

**If you have any questions about this form please contact Sarah Hogan of Community Rehabilitation and Disability Studies, University of Calgary at 403.220.2985.**

**Please submit this form to Sarah Hogan by e-mail to [sjhogan@ucalgary.ca](mailto:sjhogan@ucalgary.ca) or by fax to 403.220.6494.**