## Department specific additional student application form Department of Health, Kinesiology, and Applied Physiology Graduate Student EntranceForm

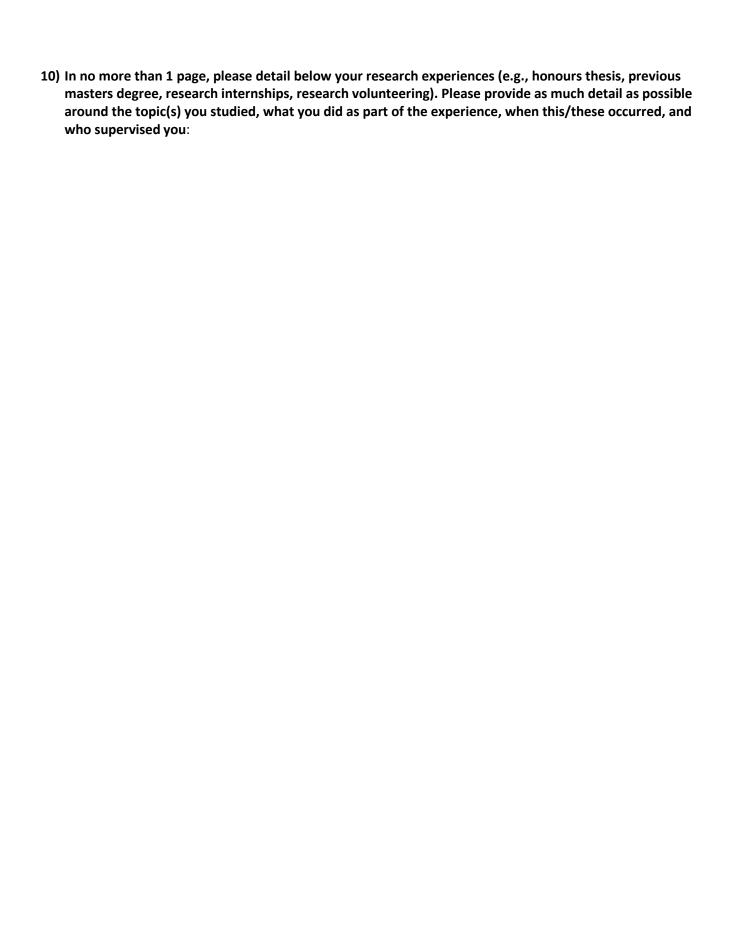
| Please complete this form and submit it as part of your application. |  |
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| Email address:   |                |              |  |                          |                        |  |
|--|----------------|--------------|--|--------------------------|------------------------|--|
| ) Email address:   |                |              |  |                          |                        |  |
| ) Date:  |                |              |  |                          |                        |  |
| ) Language competen as well as any other   |                |              |  | mprehension, incl        | uding English and Frei |  |
| Language   | Understand     |              | Speaking   | V                        | Written                |  |
| English  |                |              |  |                          |                        |  |
| French   |                |              |  |                          |                        |  |
|  |                |              |  |                          |                        |  |
| Other1:  |                |              |  |                          |                        |  |
| Other2:  | itive GPAs (ii | ncluding cui | rrent GPA):  |                          |                        |  |
| Other2:  ) Degrees and cumula  | itive GPAs (ii | ncluding cui |  | Dates                    | GPA                    |  |
| Other1: Other2:  Degrees and cumula  Degree  | itive GPAs (i  |              |  | Dates                    | GPA                    |  |
| Other2:  Degrees and cumula  | itive GPAs (i  |              |  | Dates                    | GPA                    |  |
| Other2:  Degrees and cumula  Degree  | s details: Ple | Institution, | , Country  Il funding application                    | n that you have m        |                        |  |
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| Other2:  Degree  Funding applications academic year/s and  | s details: Ple | Institution, | Country  Il funding application tained / under revie | n that you have m<br>w). | ade for the coming     |  |

## **8) Potential supervisor**: Please rank order your top three choices for supervisors (Faculty member profiles and details can be found at: <a href="http://www.concordia.ca/artsci/exercise-science/about/faculty.html">http://www.concordia.ca/artsci/exercise-science/about/faculty.html</a>)

| Full-time faculty        |                          |  |      |
|--------------------------|--------------------------|--|------|
| Name                     | Position                 | Area                                       | Rank |
| Dr. Anglea Alberga       | Assistant Professor      | Obesity and weight bias                    |      |
| Dr. Simon L. Bacon       | Professor                | Health behaviours and chronic disease      |      |
| Dr. Andreas Bergdahl     | Associate Professor      | Blood vessel wall                          |      |
| Dr. Richard Courtemanche | Professor                | Neurophysiology of neuronal oscillations   |      |
| Dr. Thanh Dang-Vu        | Professor                | Neuroimaging, sleep, and neurology         |      |
| Dr. Peter Darlington     | Associate Professor      | Regulation of T-cell biology               |      |
| Dr. Richard DeMont       | Associate Professor      | Neuromuscular system in injury and rehab   |      |
| Dr. Geoff Dover          | Associate Professor      | Biopsychosocial model of pain              |      |
| Dr. Maryse Fortin        | Assistant Professor      | Spine, Musculoskeletal Health, and Imaging |      |
| Dr. Elizabeth Teel       | Assistant Professor      | Concussion management                      |      |
| Dr. Veronique Pepin      | Associate Professor      | Exercise and chronic lung disease          |      |
| Dr. Sylvia Santosa       | Associate Professor      | Obesity, nutrition, and metabolism         |      |
| Dr. Nancy St-Onge        | Associate Professor      | Movement control in impaired populations   |      |
| Affiliate faculty        |                          |  |      |
| Name                     | Institution              | Department                                 |      |
| Dr. Shimon Amir          | Concordia University     | Psychology                                 |      |
| Dr. Andre Arsenault      | Hôpital Jean-Talon       | Nuclear Medicine                           |      |
| Dr. Louis Bherer         | Montreal Heart Institute | Cardiology                                 |      |
| Dr. Philippe Fait        | UQTR                     | Physical Activity Sciences                 |      |
| Dr. Kim Lavoie           | UQAM / CIUSSS-NIM        | Psychology                                 |      |
| Dr. Anil Nigam           | Montreal Heart Institute | Cardiology                                 |      |
| Dr. Paul Martineau       | McGill University        | Orthopedic Surgery                         |      |
| Dr. Jose Morais          | McGill University        | Gerontology                                |      |
| Dr. Sandra Pelaez        | Ste-Justin               | Research                                   |      |
| Dr. Lisa Kakinami        | Concordia University     | Obesity and health behaviours              |      |
| Dr. Emilie Sandman       | UdeM / CIUSSS-NIM        | Orthopedic Surgery                         |      |





| 11) Peer-reviewed publications (published or in press, with as much detail as possible). Please list 1 <sup>st</sup> author publications then co-author publications. For co-author publications please indicate your role in the publication:  |
|---|
| <b>12) Peer-reviewed abstracts (published or in press, with as much detail as possible).</b> Please list 1 <sup>st</sup> author publications then co-author publications. For co-author publications please indicate your role in the publication:  |
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|   |
|   |
| <b>13)</b> Additional non-peer-reviewed abstracts or conference presentations (do not duplicate information from above). Please indicate if these were oral or poster presentations and the details of the conference (including the meeting, where it was, and when it occurred). For co-author abstracts/presentations please indicate your role: |
|   |
|   |
|   |

| 14) Please detail all academic awards and distinctions you have received:  |   |  |
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| 15) Any additional, notable, academic                                      | achievements:   |  |
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| 16) Any notable non-academic achieve                                       | ements:   |  |
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| 17) I attest that the information above application will be removed from t | e is correct. If it is not correct, then I understand that my graduate hecompetition. |  |
| Yes  |   |  |
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|  |   |  |
| Signature  | Date  |  |