



DOPING CONTROL PROGRAM UNIVERSITY PROFILE

Date Filed: [Click for Instructions](#)

Name of University:

Name of Director of Athletics:

Tel (w): Tel (h):
(optional)

E-Mail:

Name of Doping Control Contact:
(if different from above)

Tel (w): Tel (h):
(optional)

E-Mail:

Should there be a report of a positive test to the CIS, the Director of Athletics will be contacted as noted in our policy document. Should he/she not be available, the contact will be:

Name of Alternate Contact:
(if different from above)

Tel (w): Tel (h):
(optional)

E-Mail:

SPORT PROFILES ATTACHED (if any)

Men's Football:

Men's Hockey: