



# DOPING CONTROL PROGRAM UNIVERSITY PROFILE

Form: 40.30.3.6.1  
2009-2010

Date Filed:

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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:

Women's  
Hockey: