
**DEPARTMENT OF SPORT SCIENCE AND WELLNESS EDUCATION
ATHLETIC TRAINING EDUCATION PROGRAM**

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Permanent Address: _____

Permanent Phone: _____

Campus Address: _____

Campus Phone: _____

Cell Phone: _____

UA E-mail Address: _____

Student ID Number _____

EDUCATION

1. Please indicate the year you began courses at The University of Akron: _____

2. Please indicate your current class rank:
(i.e. freshmen, sophomore, etc) _____

3. Please indicated your current Grade Point Average: _____

****You MUST have a cumulative grade point average of 2.5 or better to be admitted into the Athletic Training Education Program****

4. Please indicate your ACT and/or SAT scores: _____

Please indicate any athletic training related observation or volunteer service.

High School

Name: _____
Contact Person: _____
Phone: _____
Number of Hours: _____

College

Name: _____
Contact Person: _____
Phone: _____
Number of Hours: _____

Clinic

Name: _____
Contact Person: _____
Phone: _____
Number of Hours: _____

REFERENCES

Please submit two [2] letters of recommendation for admission to the Athletic Training Education Program. One of these letters must come from a Professor/Instructor of The University of Akron. The other reference should come from someone you have worked with, such as an athletic trainer, counselor, coach, teacher, etc. All letters of recommendations **MUST** be received by the last day of class of the spring semester. It is recommended that you submit these letters in a sealed & signed envelope with your application materials. The letters may also be sent directly to the ATEP Program Director. Please list the two individuals you are requesting recommendations from for this application:

1. Name: _____
Phone: _____
2. Name: _____
Phone: _____

These letters of recommendation are confidential and will be kept in the applicant's permanent file. Please indicate your preference of viewing reference materials by initialing the appropriate box below.

I waive the right to view reference materials

I do **NOT** waive the right to view reference materials.

ESSAY

Please use an additional sheet of paper to complete the following essays:

1. The reasons you selected Athletic Training as a major.
2. The goals you have upon graduation with a degree in Athletic Training.

Please limit each response to one typed-written page. Only members of the Athletic Training Education Program Faculty/Staff will review the essays.

INTERVIEW

After applications are reviewed, you may be selected for a formal interview with the Athletic Training Education Program selection committee. Completion of this application DOES NOT guarantee the applicant a formal interview or admission into the Athletic Training Education Program. Interviews will be conducted during finals week of the spring semester.

SIGNATURE

Signature of this form indicates that the information given is accurate to the best knowledge of the applicant, and that no information has been willfully omitted.

Applicant's Signature _____ Date _____

Please submit all materials to:

ATEP Program Director
The University of Akron
Akron, OH 44325-5103