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**SCHOOL OF SPORT SCIENCE AND WELLNESS EDUCATION  
ATHLETIC TRAINING 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 2.75 or better to be admitted into the Athletic Training Program\*\***

4. Please indicate your ACT or SAT score: \_\_\_\_\_



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 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 recommendation **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 AT 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 Program selection committee. Completion of this application DOES NOT guarantee the applicant a formal interview or admission into the Athletic Training 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:

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