

Valdosta State University

Athletic Training



**PROGRAM APPLICATION**

Complete the following information and return to Chuck Conner, Program Director ATEP, 1500 North Patterson Street, Department of KPE, Valdosta State University, Valdosta, GA 31698

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Overall GPA \_\_\_\_\_ (up to Fall semester to include all transfer work)

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_

**Education**

High School: \_\_\_\_\_

Jr College: \_\_\_\_\_

**Experience**

Athletic Training: \_\_\_\_\_

Athletic Training Work Shops: \_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

**Recommendations**

Please list 3 people whom you have requested to send letters of reference. (College professor, high school teachers/coaches, employers, etc.) Mail to: **Chuck Conner, Program Director ATEP, 1500 North Patterson Street, Department of KPE, Valdosta State University, Valdosta, GA 31698**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Transcript**

Request an official transcript for the Registrar's office. Have this sent to Chuck Conner, Program Director Sports Medicine/Athletic Training, Department of KPE.