

**Valdosta State University**  
**College of Education**  
**Department of Kinesiology and Physical Education**  
**Athletic Training Education Program**  
**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#:** \_\_\_\_\_

**VSU Email Address:** \_\_\_\_\_

**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:** \_\_\_\_\_  
\_\_\_\_\_

**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: Athletic Training Education Program, Department of KPE.