BRIGHAM YOUNG UNIVERSITY
Athletic Training Education Program

APPLICATION

Name	*Date*	*Email*
ID#	Married: ☐ Yes ☐ No	
Provo Address	*Permanent Address*	
Provo Phone	*Parents Phone*	
Year in School:		
TEACHER CERTIFICATION ☐ Yes ☐ No		
If Yes ➛ Major:	Minor:	
TRANSFER STUDENT ☐ Yes ☐ No *If Yes, answer the following:*		
School transferring from:		
Head Athletic Trainer:		
Total number of athletic training hours at other school:		

LIST CLINICS ATTENDED OR PARTICIPATED IN *(in detail—dates, places, etc.)*:

LIST ATHLETIC TRAINING ASSIGNMENTS *(year, type, etc.)*:

LETTERS OF RECOMMENDATION

NAME	ADDRESS	TELEPHONE #

GRADES *(or indicate currently enrolled or semester and year you will enroll)*

EXSC 320		*Instructor*	
EXSC 321		*Instructor*	
PDBIO 220		*Instructor*	
PDBIO 305		*Instructor*	
ST DEV 170		*Instructor*	

over

ESSAY—Please explain your career goals and why you want to be an athletic trainer: