

APPLICATION FOR ATHLETIC TRAINING PROSPECTIVE SEMESTER



Please complete the following information and return this form and the letters of recommendation to:

Robin Ploeger, EdD, ATC, LAT
The University of Tulsa
800 Tucker Dr.
Tulsa, OK 74104

Prospective athletic training students should submit application materials by March 15 and must be admitted to the university prior to consideration for the program.

Please print clearly. I am applying for the Fall, 20____ term. I am a Freshman Transfer Continuing TU student

Full name _____ Date of birth _____
Last First MI

Mailing Address _____
Street or P.O. Box Number

_____ *City State Zip*

e-mail _____ Phone () _____
(please print clearly)

High school _____ Year of Graduation _____

School Address _____
City State Zip

College(s) attended _____ State _____ Semester hours completed _____

High school or college honors and/or activities and year(s) involved _____

Number of years of athletic training experience in high school _____ in college _____ For which sport(s)? _____

Additional athletic training experience (professional leagues, clinic, etc.) _____

Name(s) of certified athletic trainer(s) you have worked with _____

Please request **three letters of recommendation** from references who can speak to your potential as an athletic training student (e.g., coach, athletic trainer, team physician, teacher, counselor). List references below.

1. _____
Name Position

_____ *Address Phone*

2. _____
Name Position

_____ *Address Phone*

3. _____
Name Position

_____ *Address Phone*

Applicant Signature _____ **Date** _____