

# 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 \_\_\_\_\_