

**AUGUSTANA COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM
APPLICATION FOR ADMISSION**

Applicant: *Please type or legibly print the following information.*

Name: _____ Date of Application: _____

Date of Birth: _____ Student ID #: _____

Home Address: _____
(permanent) (street) (city) (state) (zip code)

Email Address: _____

Phone: _____
(home) (cellular) (school)

High School: _____ Graduation Date: _____

High School Awards / Honors: _____

Did you participate in high school or collegiate athletics? Yes / No: _____

If yes, please explain: _____

Transfer Student: Yes / No _____ Transfer from: _____

Rationale for transferring to Augustana College: _____

List previous athletic training or allied health care experience / observation hours and locations of all that you have acquired (not hours performed at Augustana College).

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Why do you want to become a certified athletic trainer?
2. Describe your personal attributes that you feel are directly related to being successful in the profession of athletic training:
3. How would you evaluate your time management, organizational skills and work ethic:
4. What are your primary career goals upon graduation of Augustana College?
5. Identify three things that you have learned through your clinical observation hours that have enhanced your commitment to pursuing acceptance into our ATEP:

I believe that I am ready to make the necessary time and energy commitment required to be successful with both the academic and clinical requirements of the ATEP.

Applicant Signature

Date