Checklist
Athletic Training

This checklist needs to be submitted with your hard copy materials. When you submit your materials, please remove them from envelopes and/or folders. Please paper clip (do not staple) it to your materials when submitting them. We will create an application folder for you. Make sure your name, student ID, and “Athletic Training” is on all pages of your materials. Please print clearly.

Name:_____________________________________________

Last     First     Middle Initial

Student ID:_____________________________

_____Off-Campus Transcripts (if needed)

Name of Institution________________________________________

Name of Institution________________________________________

Name of Institution________________________________________

Please list the names of your recommenders if they are attached. **Most students will leave this blank since the majority of them are emailed to us.** Please list your recommenders on your online application.

1.________________________________________

2.________________________________________

**Initial if they are attached.**

_____Biographical Questionnaire

_____Personal Statement

_____Experience/Observation Forms

_____CPR/First Aid Documentation