

**SOUTHERN UTAH UNIVERSITY  
ATHLETIC TRAINING PROGRAM**

**APPLICATION FORM**

**NAME** \_\_\_\_\_ **APPLICATION DATE** \_\_\_\_\_  
(First) (Middle) (Last)

**T NUMBER** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**LOCAL ADDRESS** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PERMANENT ADDRESS** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**LOCAL PHONE NUMBER** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email Address** \_\_\_\_\_

**List High School, Junior College(s) and/or College(s) attended, dates, and major (if applicable).**

(School)	(Dates Attended)	(Major)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Required Pre-Requisite Courses (Fill in the grade for the complete courses and put an "X" for the course(s) you are currently enrolled in).**

- \_\_\_\_\_ **Human Physiology (Biology 2420 and 2425)**
- \_\_\_\_\_ **Human Anatomy (Biology 2320 and 2325)**
- \_\_\_\_\_ **Athletic Training/Sports Medicine (Physical Education 3080)**

**GPA** \_\_\_\_\_ (A minimum of 3.0 is required for application)

**First Aid/CPR Certified** Yes  No  **If yes, attach a copy, front and back**

**List previous athletic training experience, including high school, college or clinic work.**

(name of school/clinic)	(# of years/months)	(sports worked)	(supervisor and title)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List any college activities (sports, clubs, etc.) in which you have or plan to participate in. Note any leadership positions or honors you have received as a result of your participation.**

**List related experience (team manager, workshops/clinics attended, hospital/clinic aide, 1<sup>st</sup> aid/CPR/EMT certification, etc.).**

**Write a brief statement on the following:**

**Why are you considering athletic training as a career?**

**Why have you selected our program?**

**What do you plan to do with the athletic training knowledge after you graduate from Southern Utah University?**

**STATEMENT OF COMMITMENT:**

**I understand that by submitting this application to the Southern Utah University Athletic Training Program, I am declaring my commitment to meet the admission requirements and to follow the policies and procedures for advancement in the major.**

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**(Printed Name of Applicant)**

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**Signature of Applicant**

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**(Date)**

**Return application and three recommendation questionnaires to:**

**Nathan Slaughter, MEd, ATC, LAT  
Director of Athletic Training  
Southern Utah University  
351 W. Center  
Cedar City, UT 84720**

**APPLICATION DEADLINE: September 30**

**Submitting this application does not guarantee that applicant will be interviewed or accepted into the Athletic Training Program!**

