

Athletic Training Program
Department of Kinesiology and Human Performance



VALLEY CITY
STATE UNIVERSITY

APPLICATION FOR ADMISSION
Athletic Training Program

NAME (*last, first, middle*): _____

Email: _____

CURRENT MAILING ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

PERMANENT MAILING ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

TELEPHONE: (CELL) _____ (OTHER) _____

Related Experiences: List your related experiences, for example, high school athletic training student, and applicable certifications (e.g. CNA, EMT, etc).

Extracurricular Activities: List your extracurricular activities, which are not related to Athletic Training, for example, leadership experiences or community service, intramurals, fine arts, committees, VCSU varsity athletics (football, M/W Basketball, T/F, etc.).

** The VCSU Athletic Training Program must receive this application by: APRIL 15th

➤ Please submit digital copy via HPER 127 Blackboard Portal *Application Packet*

Signature of Student: _____ Date: _____

Revised Spring 2015
Fall 2017