

**KEAN UNIVERSITY
SCHOOL OF HEALTH AND HUMAN PERFORMANCE
B.S. in ATHLETIC TRAINING**

Return to the Program Director with all application materials.

NAME: _____ DATE: _____

Last First

Anticipated Program Entry Date: _____

Semester Hours Completed: _____ G.P.A.: _____

(Must be 3.0 or higher)

Total Clinical Hours: _____ (Attach verification)

Prior Education: _____

Clinical Supervisor if applicable: _____

Home Address: _____

Home Telephone: _____

Cell phone: _____

E-Mail: _____

School Address : _____

QUESTIONS

1. *First, list any past experience(s) that you have had in athletic training or related field (P.T. etc.) and briefly describe your responsibilities or duties.*

2. *What are your reasons for wanting to become an athletic trainer?*

3. *What are your immediate goals (within 5 years)?*

4. *What are your long range goals (after 5 years)?*

5. *Are you will to make the necessary commitments to become an Athletic Trainer?*
Yes _____ No _____

What have you done during your candidacy to demonstrate this dedication?

6. *What do you consider to be your strengths?*

7. *What do you consider to be your weaknesses?*

8. *What do you have to offer the program?*

Revised 9/2016