**Athletic Training Program Application**  
**MID-TERM GRADE REPORT**

**School of Kinesiology**

Dr. Jennifer Popp, Athletic Training Program

Dear Professor:

This student is applying to the Athletic Training Program. This includes submitting their transcripts and current course grades. Could you please take a few moments to complete the information requested and return the form to the student? If there is not a grade for your course yet, please indicate so. Thank you for your cooperation in this matter.

Student Signature ____________________________________________
*(Signing this form indicates that the student has given their permission for the release of their grades)*

Name of Student ____________________________________________

Student I.D. # ________________________________

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<th>Course Number/Title</th>
<th>Current Grade</th>
<th>Instructor</th>
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