ATHLETIC TRAINING EDUCATION PROGRAM APPLICATION

Name				Student ID#	
Have you applied be	fore? \	'es	No	If yes, when?	
Current Address	Ctroot				
	Street				
	City			State	Zip
Email Address				Cell Phone Number	
Permanent Address					
	Street				
	City			State	Zip
Emergency Contact N	Name				
Phone Number					
Year in School	Credi	ts Comp	leted	Current Semester Credit	Load
Major(s)					
Minor(s)					
Current Overall GPA	at BSU				
Current or previously	earned gr	ade in A	Т 196		
Number of Observat	ion Hours _		Nun	nber of Semesters in Observation _	
Are you a transfer st	udent?	Yes	No	If yes, complete the next section:	:
Former overall GPA _	Inst	itution _			
Former overall GPA _	Inst	itution _			
				Institution	

NOTE: OFFICIAL BSU TRANSCRIPTS AND OFFICIAL TRANSCRIPTS FROM FORMER INSTITUTION(S) MUST ACCOMPANY APPLICATION