

**MICHIGAN STATE UNIVERSITY
GRADUATE ATHLETIC TRAINING PROGRAM
Application Form**

Contact Information (print in ink or type)

Full Name _____ Application Date _____
(last, first, middle initial)

Permanent Address _____ Area Code/Phone _____

City/State/Zip _____

Local Address _____ Area Code/Phone _____

City/State/Zip _____

E-mail Address _____ Birth Date _____

Education

High School _____ Years _____ G.P.A. _____
(name, city, state)

College _____ Years _____ G.P.A. _____
(name, city, state)

College _____ Years _____ G.P.A. _____
(name, city, state)

All Applicants

Application Level: Master's Degree Doctoral Degree

Present Class Level: Freshman Sophomore Junior Senior Graduate

Date of Graduation (month/year) from current program _____

Current Major _____ Current Minor(s) _____

G.P.A.: _____ Overall Applied for admission to MSU? yes no

 _____ Major ONLY Accepted? yes no

 _____ Minor ONLY Waiting for a reply? yes no

 _____ Last 2 years of school

Are you applying for a Graduate Assistantship in Athletic Training? yes no

Proposed discipline area for study _____

Type of work desired after college _____

Member of the N.A.T.A.? yes no Membership # _____

Certified member of the N.A.T.A? yes no Certification # _____

If not, when are you scheduled to take the certification exam? _____

Previous Experience in Athletic Training

Institution or Organization	Sport	Dates	Responsibility

Comments: _____

Summer Sports Medicine/Athletic Training Workshops:

Any similar experiences that you feel contributed to your athletic training experiences:

Hobbies and Interests:

List any honors and extra curricular activities in high school/college:

References:

List names, addresses and telephone numbers of three references:

Name & Title: _____
Institution/Clinic/Company _____
Address _____
City/State/Zip _____
Area Code/Phone _____ E-mail _____

Name & Title: _____
Institution/Clinic/Company _____
Address _____
City/State/Zip _____
Area Code/Phone _____ E-mail _____

Name & Title: _____
Institution/Clinic/Company _____
Address _____
City/State/Zip _____
Area Code/Phone _____ E-mail _____

Write in your own words and attach to this application an outline of the reasons why you wish to pursue your graduate athletic training career at Michigan State University.

Send this completed application to the KIN graduate studies secretary:

Jo Ann Janes
Graduate Studies Secretary
Department of Kinesiology
3 IM Sports Circle
Michigan State University
East Lansing, MI 48824
(517) 355-4736
janes@msu.edu

If you have any questions about graduate studies in athletic training, please contact:

John W. Powell, Ph.D., A.T.C.
Director of Graduate Studies in Athletic Training
Department of Kinesiology
105 IM Sports Circle
Michigan State University
East Lansing, MI 48824
517-432-5018
e-mail: powellj4@msu.edu

Signature of Applicant Date