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BRIDGEWATER STATE UNIVERSITY
BRIDGEWATER, MASSACHUSETTS 02325**

APPLICATION FOR ADMISSION TO ATHLETIC TRAINING EDUCATION PROGRAM

This application should be mailed to the School of Graduate Studies office with a non-refundable fee of \$50.00 (made payable to Bridgewater State University) no later than February 1. For complete details regarding the application for admission, students should consult the College of Graduate Studies section of the current academic catalog.

The applicant must request that the following materials be sent:

1. Official college and university transcripts of all undergraduate and graduate course work
2. Three appropriate letters of recommendation using the required forms

Social Security _____ / _____ / _____ Birth Date _____ / _____ / _____
Month Day Year

Telephone Primary _____ Day Time _____

Name _____
Last First Middle

Other names under which records may appear (i.e., maiden name) _____

Permanent Address: _____
Number and Street Apartment/Suite

City _____ State or Province _____ Zip Code/Postal Code _____ Country _____

Mailing Address (if different) _____

Have you applied or will you apply for financial aid at Bridgewater State University? Yes _____ No _____

E-mail address _____

Citizenship US Citizenship Permanent Resident F-1 or J-1 Student visa (Country) _____

Will you require an I-20 form? Yes No If yes, country of origin _____

What is your first language, if other than English? _____

ADDITIONAL QUESTIONS (optional)

The following optional questions are asked so that we have a more complete picture of our applicant pool and student body:

Gender Male Female

Ethnicity Cape Verdean American Indian/Alaskan Native Hispanic
 Asian/Pacific Islander White/Non-Hispanic Black (Non-Hispanic)
 Other (please write in) _____

Are you currently employed? Yes No

If yes, are you working with a career center here in Massachusetts? _____

PAST COLLEGES AND UNIVERSITIES

List the colleges and /or universities you have attended, with the most recent first.

Institution _____ Total Semester Hours Earned _____

From (Month/Year) _____ To (Month/Year) _____ Degree-Date of Award (Month/Year) _____ GPA _____

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From (Month/Year) _____ To (Month/Year) _____ Degree-Date of Award (Month/Year) _____ GPA _____

TEST REQUIREMENTS

Applicants whose native language is not English are required to submit scores for the Test of English as a Foreign Language (TOEFL).

*TOEFL (date taken) _____ (To be taken) _____

COMPLETION OF PREREQUISITE COURSES

Complete the following table identifying where and when the prerequisite courses have been completed, and the grade in the course. If you are currently taking the classes please identify that by writing IP (in progress).

Term/Year	Course	Institution (abbreviate)	Grade
	Anatomy & Physiology I		
	Anatomy & Physiology II		
	Introduction to Athletic Training (including taping, bracing, and protective equipment fitting)		
	Kinesiology/Biomechanics		
	Exercise Physiology		
	Introductory Psychology		

ATHLETIC TRAINING EXPERIENCE

List any high school, college and /or university, or clinic that you have done any observation or clinical hours under the supervision of a certified athletic trainer, with the most recent first.

Institution _____ Total Clinical Hours Completed _____
 From (Month/Year) _____ To (Month/Year) _____ Supervising Athletic Trainer _____
 Institution _____ Total Clinical Hours Completed _____
 From (Month/Year) _____ To (Month/Year) _____ Supervising Athletic Trainer _____
 Institution _____ Total Clinical Hours Completed _____
 From (Month/Year) _____ To (Month/Year) _____ Supervising Athletic Trainer _____

RELATED HEALTH CARE EXPERIENCE

List any related experience, such as a hospital aide, emergency medical technician, physical therapy aide, workshops or summer clinics attended that are related to health care, with the most recent first.

Experience _____ Location _____
 From (Month/Year) _____ To (Month/Year) _____ Supervisor _____
 Experience _____ Location _____
 From (Month/Year) _____ To (Month/Year) _____ Supervisor _____
 Experience _____ Location _____
 From (Month/Year) _____ To (Month/Year) _____ Supervisor _____

GENERAL EXPERIENCE

List any college/university activities (sports, clubs, fraternities/sororities) that you participated in, and note any leadership positions or honors you may have received as a result of participating that activity.

Activity _____ Leadership Role or Honor _____
 Activity _____ Leadership Role or Honor _____
 Activity _____ Leadership Role or Honor _____
 Activity _____ Leadership Role or Honor _____
 Activity _____ Leadership Role or Honor _____
 Activity _____ Leadership Role or Honor _____
 Activity _____ Leadership Role or Honor _____
 Activity _____ Leadership Role or Honor _____

Prepare a brief but careful statement that expresses:

1. Reasons why you decided to pursue athletic training as a career.
2. Your specific interest and experiences in the field.
3. What are your professional goals and how do you believe the ATEP at BSU can assist you in reaching those goals.
4. What responsibility do you see for yourself in reaching your professional goals(s)? What role do your professors have? Your Approved Clinical Instructors?

(This essay may be written on a separate document, but must be submitted with the application form.)

Signature of Applicant _____ Date of Application _____