

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Department of Kinesiology

APPLICATION ATHLETIC TRAINING EDUCATION PROGRAM

Please complete the following and return to the Director of Athletic Training Education Program, Department of Kinesiology, California State University - Northridge, Northridge, CA 91330-8287. Telephone (818) 677-4738.

PLEASE TYPE OR PRINT CLEARLY WITH PEN

PERSONAL INFORMATION

Name- _____ CSUN ID#- _____ Date of Birth- _____

Address-

_____ Street/PO Box _____ City _____ State _____ Zip _____

Summer Address-

_____ Street/PO Box _____ City _____ State _____ Zip _____

Phone- (H) _____ (CELL) _____ Email- _____

COLLEGE EDUCATION

_____ School _____ City _____ Dates _____

_____ School _____ City _____ Dates _____

_____ School _____ City _____ Dates _____

Academic year- Freshman _____ Sophomore _____ Junior _____ Senior _____

Major/Minor/Associate's Degree, ect.-

Other schooling or special training-

TRANSCRIPTS

Submit **ALL** official transcripts from **EACH** institution you have attended including official CSUN transcripts. All transcripts are due at the time of application.

GRADES

Cumulative GPA- _____

Transfer GPA- _____

CSUN GPA- _____

PREREQUISITE COURSE WORK AND GRADES

Course/Equivalent	Title	Units	Grade/Pts	Grade Points
I.E. Math 102	College Algebra	3 units	A/4.0pts	3X4= 12 grade pts
BIOL 100 or 101	Introductory Biology	_____	_____	_____
BIOL 100L or 101L	Introductory Biology Lab	_____	_____	_____
BIOL 211	Human Anatomy	_____	_____	_____
BIOL 212	Human Anatomy Laboratory	_____	_____	_____
BIOL 281	Human Physiology	_____	_____	_____
FCS 207 or HSCI 337	Nutrition	_____	_____	_____
PHYS 161 or 100A/L	Physics	_____	_____	_____
KIN 337	Techniques in Athletic Training I	_____	_____	_____
MATH 140	Introductory Statistics	_____	_____	_____
PSYCH 150	Principles of Human Behavior	_____	_____	_____
Totals	----- Total Units-	_____	-Total Grade pts-	_____

PREREQUISITE GPA=Total grade points- _____ /Total number of units or units- _____ = _____

EXTRA CURRICULAR ACTIVITIES

List high school honors, awards, extra-curricular activities, clubs, professional, social affiliations, scholarships, etc. (extra curricular activities other than athletic training related activities). Include dates.

ATHLETIC TRAINING RELATED EXPERIENCE

List athletic training related experience(s). Include dates.

OTHER EXPERIENCES

Please list any other experiences that you have been involved with including employment. Include dates.

LETTERS OF RECOMMENDATION

Please list the names, positions and how long have known those individuals who will be submitting letters of recommendation. Letters of recommendation are due at the time of application.

Name Position Length

Name Position Length

Name Position Length

LETTER OF INTENT

The letter of intent will be a 1-2 page, type-written, single spaced letter that discusses your interest in athletic training, why you want to become a certified athletic trainer, previous experiences, career goals, etc.

SIGNATURE

I certify that all information in this application is true and best portrays me as an individual applying to the Athletic Training Education Program. Any false statements or misrepresentation will result in the denial of my application.

Signature Print Name Date