1. Students in this Program must complete four semesters of clinical experiences at Alvernia University or an approved affiliated site. Students must complete a minimum of 800 clock hours of clinical experience prior to graduation.

2. Students in this Program, in addition to normal weekday practices and competition, may be required to return in early August, during vacation periods and/or during weekends if their assigned sports teams have competitions or practices during these times. Students will be required to supply transportation to and from these sites.

3. Students in this Program are required to maintain a 2.50 GPA. Failure to do so may result in probation or dismissal from the Program. Failure to meet all clinical requirements may also result in dismissal.

I, ______________________________, understand and agree to comply with the above regulations.

Signature ______________________________
Date ______________________________

DO NOT WRITE BELOW THIS LINE

Overall GPA _________ Core GPA _________

Formal Application and Essay _______________________________________________

Recommendation Form 1. _________ 2. _________

Observational Hours _________

Committee Recommendations _______________________________________________

Approval _________ YES _________ NO _________ Conditional

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
ALVERNIA UNIVERSITY
ATHLETIC TRAINING PROGRAM
FORMAL APPLICATION

Name _________________________________ Date __________________

College/Local Address ____________________________________________

________________________________________________________________

Home Address ____________________________________________________

________________________________________________________________

Home Phone ( ___ )________________ School ( ___ )______________________

Date of Birth ______________________________________________________ Age ______

Cumulative Grade Point Average: ____________________

GPA (AT 101, AT 113, AT 222, BIO 107 and 108) __________________

Observational Hours: __________________

Attach to this application form, a professional essay describing in detail:
-Why you want to be an athletic trainer
-What significant impact your service can have on the profession and the Athletic
  Training Program at Alvernia

You are to submit a transcript of your grades from all colleges you have attended to the Program
Director.

Submit two completed recommendation forms in separate, sealed envelopes along with this
application.
APPLICANT’S NAME ___________________________________________ DATE_____________

The above is an applicant for admission to the Alvernia University Athletic Training Program. Please place an (X) in the column that best describes this applicant and make comments concerning strengths and weaknesses below.

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<td>Professional commitment</td>
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How long have you known this applicant? __________________________________________________________

In what capacity have you been associated with this applicant? ____________________________________

Comments regarding student’s strengths:

_________________________________________________________________________________________

Comments regarding student’s weaknesses:

________________________________________________________________________________________

Evaluator’s Name (please print) ______________________________________________________________

Occupation or Title _____________________________________________________________

Evaluator’s Mailing Address ______________________________________________________________

Evaluator’s Signature _________________________________________________________________

Please return this form in a sealed envelope to the student and sign across the seal. Thank you.