

ALVERNIA UNIVERSITY

ATHLETIC TRAINING PROGRAM

FORMAL APPLICATION (due to Janice Stock no later than May 31)

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.

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.

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 _____

University/Local Address _____

Home Address _____

Home Phone (____) _____ Cell Phone (____) _____

Date of Birth _____ Age _____

Cumulative Grade Point Average: _____

GPA (AT 101, AT 113, AT 222, BIO 107, 117, 108, and 118) _____

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

Students should return ALL materials (Completed Formal Application, Professional Essay, and Two Completed Recommendation Forms (each in a separated, sealed envelope) in ONE envelope to:

Janice Stock
Athletic Training Secretary
Alvernia University
400 Saint Bernardine Street
Reading, PA 19607

ALVERNIA UNIVERSITY ATHLETIC TRAINING PROGRAM RECOMMENDATION FORM FOR STUDENT

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.

	5	4	3	2	1	
	Excellent	Very Good	Good	Fair	Poor	Not Observed
Professional commitment						
Ability to communicate						
Maturity						
Willingness to learn						
Willingness to work						
Willingness to cooperate						
Enthusiasm						
Leadership ability						
Friendliness						
Dependability						
Integrity						
Emotional stability						
Self-discipline						
Capacity for development						

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.**

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Comments regarding student's weaknesses:

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Evaluator's Signature _____

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