## KEAN UNIVERSITY DEPARTMENT OF PHYSICAL EDUCATION, RECREATION, AND HEALTH BS Degree in ATHLETIC TRAINING

Upon completion, return to the Program Director, with all application material one week before the end of the fall semester of the application year.

NAME:			DATE:		
	Last	First			
Ar	nticipated Progra	am Entry Date:			
Semester Hours Completed:		G.P.A.:	(Must be 3.0 or higher)		
Total Clinical Hours:(Attach verification)					
Pr	rior Education: _				
CI	linical Superviso	r if applicable:			
Home Address:		Home Telephone			
			E-Mail		
So	chool Address	<u> </u>	-		
1.	QUESTIONS  1. First, list any past experience(s) that you have had in athletic training or related field (P.T. etc.) and briefly describe your responsibilities or duties.				
2. What are your reasons for wanting to become an athletic trainer?					
3.	What are your im	mediate goals (within	n 5 years)?		

4. What are your long range goals (after 5 years)?
5. Are you will to make the necessary commitments to become an Athletic Trainer?  Yes No What have you done during your candidacy to demonstrate this dedication?
6. What do you consider to be your strengths?
7. What do you consider to be your weaknesses?
8. What do you have to offer the program?