



SHAW UNIVERSITY
College Of Graduate and Professional Studies
Department of Allied Health Professions

Application Form to the Athletic Training Education Program

Name: _____ Student ID #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Academic Data – Required Courses

Course Title	Credit Hours	Grade	Semester Taken
ENG-111: College English and Composition II			
ENG-112: College Composition and Argument			
MAT-111: General Math I			
MAT-113: Intermediate Algebra			
BIO-211: General Biology			
BIO-371: Human Anatomy			
BIO-372: Human Physiology			
HPE-111: Personal Health and Safety			
HPE-113: Sports Techniques and Motor Skills I			
HPE-114: Sports Techniques and Motor Skills II			
HPE-216: Medical Terminology for Allied Health Professions			
ATH-285: Supervised Experience in Therapeutic Clinical Settings I			

**If you are currently enrolled in any of these courses, please list the anticipated grade.*

Cumulative GPA: _____ Total Clinical Hours: _____

First Aid/CPR/AED Certified (circle) Yes No Expiration Date: _____

Student Member of NATA (circle): Yes No If yes, membership #: _____

Please list the name and telephone number of three individuals who will be writing letters of recommendation in support of your application:

1. _____
2. _____
3. _____