

UNIVERSITY OF HOUSTON

3100 CULLEN BLVD., SUITE 1100

HOUSTON, TX 77204-6002

713-743-9422

713-743-0679 (FAX)

Student Athletic Trainer Application

PERSONAL INFORMATION

Name: _____ Birth Date: _____

E-Mail Address: _____

Phone Numbers: Cell: _____

Home: _____

ATHLETIC TRAINING EXPERIENCE

Teams Covered: _____

Special Events: _____

High School Currently Attending: _____ (City) (State)

Present GPA: _____ SAT Scores: _____

Expected Graduation Date: _____

APPLICATION TO UH:

Have you applied to UH? Yes _____ No _____

Have you been accepted to UH? Yes _____ No _____

Are you currently enrolled at UH? Yes _____ No _____

Desired Major? _____

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GOALS

What do you wish to accomplish (Professionally/Personally) with a Bachelor's Degree?

Type of work desired after graduation? _____

REFERENCES

Name _____ Title _____

Address _____ City _____ St. _____ Phone # _____

Name _____ Title _____

Address _____ City _____ St. _____ Phone # _____

Name _____ Title _____

Address _____ City _____ St. _____ Phone # _____

PLEASE RETURN THIS FORM TO:

Lauren D. LeBlanc Med, ATC, LAT

Associate Athletic Trainer

University Of Houston

3100 Cullen Blvd., Suite 1100

Houston, TX 77204-6002

Email address: ldlebla2@central.uh.edu