

UNIVERSITY OF HOUSTON

3100 Cullen Blvd., Suite 1100
Houston, TX 77204-6002
713-743-9422
713-743-0679 (fax)

Graduate Athletic Trainer Application

PERSONAL INFORMATION

Name: _____ Birth Date: _____
SS#: _____ E-Mail Address: _____
Present Address: _____
(Street) (Apt #) (City) (State) (Zip)
Phone Numbers: _____
(Home) (Work) (Cell) (Pager)
Permanent Address: _____
_____ (Street) (Apt.#) (City) (State) (Zip)
Phone Number: _____

ATHLETIC TRAINING EXPERIENCE

Teams Covered: _____

Special Events: _____
College/University Currently Attending: _____
_____ (City) (State)
Present GPA: _____ GPA in Major: _____ GRE Score: _____
Major: _____ Minor: _____
Expected Graduation Date: _____ Curriculum: _____ Internship: _____

CERTIFICATION

NATA Certified? Yes ___ No ___ Date Certified: _____ Number: _____
If not Certified, anticipated testing date: _____
State Licensure (TX)? Yes ___ No ___ Date Licensed: _____ Number: _____
If not Licensed, anticipated testing date: _____

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GOALS

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

What aspects of your didactic knowledge or clinical skills would you like to improve?

Please list your interest while attending Graduate School – Desired Major/Research Interest.

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:

John D Houston, MS, ATC-L
Associate Athletic Trainer
University Of Houston
3100 Cullen Blvd., Suite 1100
Houston, TX 77204-6002

Email address: jhouston@mail.ud.edu

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Please send cover letter and resume with application.