

# 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: \_\_\_\_\_  
SS#: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
(Street) (Apt #) (City) (State) (Zip)  
Phone Numbers: \_\_\_\_\_  
(Home) (Cell) (Pager)

### 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? \_\_\_\_\_

# UNIVERSITY OF HOUSTON

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

## **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:**

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.uh.edu