



**HARDING UNIVERSITY  
DEPARTMENT OF KINESIOLOGY  
ATHLETIC TRAINING EDUCATION  
PROGRAM  
APPLICATION**

**(Print or Type)**

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SSN: \_\_\_\_\_ High School G.P.A. \_\_\_\_\_ ACT/SAT Score \_\_\_\_\_  
Current College G.P.A. (Transcripts **must** be included) \_\_\_\_\_

Names, addresses, and telephone numbers of three (3) professional references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List fully your athletic training experiences or, in the absence of athletic training experience, submit a letter that explains your interest in this field and career goals associated with the attainment of a degree in athletic training. (Include dates, institution and supervisor)

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\_\_\_\_\_

Return completed application to:

Randy Lambeth, Program Director  
Harding University  
Box 12281  
Searcy, AR 72149-2281