



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

(Print or Type)

_____ (____) _____

_____ (____) _____

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)

Return completed application to:

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