





## PART II. PREREQUISITE COURSES

Please fill in the chart below

Course Taken	Semester(s) Taken*	Institution Completed
BIO 101		
CHM 120, 127 <b>OR</b> CHM 131		
FNS 370		
HSC 214		
HSC 215		
HSC 216		
HSC 317		
HSC 308		
PHY 100 <b>OR</b> PHY 130QR		
PSY 100		
PSY 220		
STA 282QR		

*\*If a class has been taken more than once, please list all semesters.*

## PART III. IMMUNIZATION RECORDS

Please ensure a copy of immunization records is provided.





**PART IV. APPLICANT'S STATEMENT OF UNDERSTANDING REGARDING THE ATHLETIC TRAINING PROGRAM**

I understand the Master of Science in Athletic Training is a full-time academic program that includes classroom, laboratory, and clinical field experiences. I understand the clinical field experiences will be at least 20 hours per week depending on the semester, which may include early morning, evening, weekend and/or time outside the regular semester schedule. I understand to be eligible for ATR 795 and 799, all coursework must be completed. I understand, if selected, I must attend an orientation program, which is conducted before the start of summer classes. I accept the responsibility to maintain the standard of excellence that is the hallmark of the Athletic Training Program at Central Michigan University.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

I understand by submitting this application it serves as my formal intention to apply to the Master of Science in Athletic Training Program. I give my permission to the program director to secure an unofficial transcript from the Registrar for selection purposes.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**AT Program Use Only**

Date Reviewed \_\_\_\_\_

- \_\_\_\_\_ Application packet submitted by deadline
- \_\_\_\_\_ All sections complete
- \_\_\_\_\_ Copy of immunization records provided
- \_\_\_\_\_ Statement and application signed

Application Accepted \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Reasons \_\_\_\_\_

Reviewer Initials \_\_\_\_\_