

**WESTERN MICHIGAN UNIVERSITY  
HEALTH, PHYSICAL EDUCATION & RECREATION DEPARTMENT**

**Graduate Athletic Training Education Application**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROFESSIONAL PREPARATION**

College(s) Attended	Dates	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Undergraduate Major(s): \_\_\_\_\_

Undergraduate Minor(s): \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Athletic Training GPA: \_\_\_\_\_

GRE Total Score: \_\_\_\_\_

NATA Membership #: \_\_\_\_\_ BOC Certification #: \_\_\_\_\_

If not certified, anticipated date of examination: \_\_\_\_\_

Additional Qualifications:

\_\_\_\_\_ First Aid      \_\_\_\_\_ CPR      \_\_\_\_\_ EMT      \_\_\_\_\_ P.T.  
\_\_\_\_\_ P.T.A.      \_\_\_\_\_ CSCS      \_\_\_\_\_ Lifeguard  
\_\_\_\_\_ Other(s): \_\_\_\_\_

**ATHLETIC TRAINING EXPERIENCE**

Please indicate below which athletic teams you were involved with as an athletic trainer. Indicate your involvement by using the following code: C- certified athletic trainer, P – primary student athletic trainer, A- assistant student athletic trainer, N – no involvement.

Football _____	Softball _____	Tennis _____	Basketball _____
Gymnastics _____	Ice Hockey _____	Track _____	Cross Country _____
Lacrosse _____	Baseball _____	Swimming _____	Soccer _____
Field Hockey _____	Wrestling _____	Volleyball _____	Rowing _____
Other: _____			

Please indicate extracurricular athletic training activities and awards/recognitions.

---



---



---

Please list other professional work experience.

---



---



---

**LETTERS OF RECOMMENDATION**

Three letters of recommendation (forms provided) are required for admission. The letters of recommendation must include: one letter from a supervising athletic trainer/program director, one letter from individual who can substantiate your academic potential, and one letter from an individual of your choice. Have each evaluator complete and send the form to the corresponding address (you may choose to have all letters included with the application but they must have the signature of the evaluator across the seal).

Please list the name and title of each individual below:

1.	_____	_____	_____
	Name	Title	Phone
2.	_____	_____	_____
	Name	Title	Phone
3.	_____	_____	_____
	Name	Title	Phone

**RESUME/TRANSCRIPTS/GRE SCORES**

Please attach a current resume, official transcripts, and a COPY of your GRE scores (if applicable). Please note that you must also apply for admission with the Graduate College at Western Michigan University.

**Return this application, your resume, transcripts, and  
a copy of your GRE scores to:**

Michael G. Miller, EdD, ATC, CSCS  
Associate Professor & Director  
Graduate Athletic Training Education  
Western Michigan University  
Department of HPER  
1903 West Michigan Avenue  
Kalamazoo, MI 49008-5426  
(269) 387-2728