**ATHLETIC THERAPY PROGRAM**

**STUDENT APPLICATION**

WEBER STATE UNIVERSITY

**GENERAL INFORMATION (please type all information into the form)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

W Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local (Current)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Home (Permanent/Parents) Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weber E-mail address [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@mail.weber.edu](mailto:_____________________@mail.weber.edu) (please do not use @weber.edu accts.)

(NOTE: Admissions letters will be sent to your Weber Email address.)

**CONTACT PERSON IN CASE OF EMERGENCY**

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC INFORMATION**

***\*No transcripts are required if they have already been submitted to WSU Admissions.***

All Colleges/Universities Attended Dates Hours Completed GPA

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

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Current WSU GPA \_\_\_\_\_\_\_\_\_\_ Overall GPA (includes transfer credits) \_\_\_\_\_\_\_\_\_\_

**Note: To be admitted, students must have completed a minimum of 25 credit hours and have at least a 3.0 WSU GPA.**

Courses Currently Enrolled in. Credit Hours

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

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Grades in the following courses if completed:

Must be completed with a C or better **prior** to applying for admission.

HTHS LS 1110 \_\_\_\_\_ **or** ZOOL 2100 \_\_\_\_\_

HTHS LS 1111 \_\_\_\_\_ **or** ZOOL 2200 \_\_\_\_\_

NUTR LS 1020 \_\_\_\_\_ **and** PSY SS 1010 \_\_\_\_\_

AT 3300 \_\_\_\_\_

Do you plan to double-major? If yes, what major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you plan to graduate? Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to attend graduate school after college? No \_\_\_\_ Yes\_\_\_\_

If yes, in what field? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Weber State University Athletic Therapy Program Director and faculty to review all of my academic records and grades as part of the application process.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* It is the student’s obligation to update this form if any changes have occurred.**

**PLEASE SUBMIT APPLICATION TO:**

Valerie W. Herzog, EdD, LAT, ATC

Athletic Therapy Program Director

Weber State University

1435 Village Dr., Dept. 2805

Ogden, Utah 84408-2805

[ValerieHerzog@weber.edu](mailto:ValerieHerzog@weber.edu)

Admitted Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_