

**WEBER STATE UNIVERSITY
ATHLETIC THERAPY PROGRAM
STUDENT APPLICATION**

GENERAL INFORMATION

W Number _____

Name _____

Local (Current) Address _____

Street

City

State Zip

Home (Permanent/Parents) Address _____

Street

City

State Zip

Home Phone _____ Cell Phone _____

Personal E-mail address _____

Weber E-mail address _____@mail.weber.edu (please do not use @weber.edu accts.)

(NOTE: Admissions letters will be sent to your Student 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Admitted Date _____ Program Director Signature _____

Courses Currently Enrolled in.

Credit Hours

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grades in the following courses if completed:

Must be completed with a C or better prior to starting the program.

HTHS LS 1110 _____ or ZOOL 2100 _____

HTHS LS 1111 _____ or ZOOL 2200 _____

NUTR LS 1020 _____ and PSY SS 1010 _____

AT 1550 _____ and 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 AND FEE TO:

Note: All applicants must submit a non-refundable \$25.00 processing fee. Please make check payable to WSU/DCHP and bring the payment along with your application (no cash, no cards).

Mail

In - Person

Weber State University Dumke College of Health Professions Admissions Advisement Office 3875 Stadium Way Dept 3907 Ogden, UT 84408-3907	Weber State University Dumke College of Health Professions Admissions Advisement Office Marriott Health Bldg. Room 108 Ogden, UT 84404-3907
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