

**The University of Southern Mississippi
Athletic Training Education Program
Student Application Form**

Please fill out the following application and the Technical Standards form and return to:

Karen Hostetter, PhD, ATC, LAT
Program Director-Athletic Training Education Program
118 College Drive # 5142
The University of Southern Mississippi
Hattiesburg, MS 39406-0001

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
GPA (USM) _____ ACT _____

Previous Athletic Training Experience:

Student Athletic Trainer Clinics/Camps Attended and Related Course Work Completed:

References:

YES I hereby waive my right to view letters of reference.
 NO I wish to view my letters of reference.

1. _____
2. _____
3. _____
4. _____

The above information will be evaluated by the Athletic Training Education Program Faculty.