Plymouth State UNIVERSITY
COLLEGE OF GRADUATE STUDIES

Athletic Training Graduate Assistantship Application

Completed applications and supporting materials for assistantships are due by April 1.

Last Name First MI

Home Address City/Town State Zip

Home Phone Business Cell

e-mail

1. Are you currently admitted into athletic training master's program? ☐ Yes ☐ No

2. Areas of interest/concentration? ☐ Higher education ☐ Sports Medicine

3. Anticipated date of program completion: ____ / ____ / _____

4. Attach a resume listing all previous education and experiences. State your work experience(s) in athletic training (use a separate sheet).

5. Explain why you are applying for a Graduate Assistantship, detailing your goals, strength, and professional contributions you could make to the program (use a separate sheet).

6. Check type of Graduate Assistantship desired:

☐ Plymouth State University Athletic Trainer ☐ High-School/Prep-School Athletic Trainer

7. Include a photocopy of a current CPR card and your current BOC Certification card.

8. List three professional references with telephone numbers:

_____ Relationship: _____ Phone: _____

_____ Relationship: _____ Phone: _____

_____ Relationship: _____ Phone: _____

Applicant Signature: _____ Date: _____/_____/_____

Mail to: Plymouth State University College of Graduate Studies, MSC 11, 17 High Street, Plymouth NH 03264-1595 or
fax to: (603) 535-2572