

**EAST CAROLINA UNIVERSITY
 ADVANCED ATHLETIC TRAINING EDUCATION PROGRAM
 APPLICATION TO MASTERS OF SCIENCE IN ATHLETIC TRAINING**

NOTE: please clearly print or type this information. Applicants submitting unclear information will not be admitted to the MS in AT. We will contact you via your ECU email address, so please provide that one.

TYPE OR PRINT IN INK: (Use full name as it appears on birth certificate)

Name:			Today's Date:	
Nickname or Preferred Name:				
Permanent Street Address:				City:
State:	Zip:	Phone: (area code)		Date of Birth:
ECU e-mail address:				
Alternate (temporary) email address				
ECU Banner ID				
Education: High School Name:		City:	State:	Grad date
College:		City:	State	Dates attended
NATA number:			BOC certification number (provide copy of card)	
State License number (provide copy of card)			Date of BOC exam:	
Briefly describe your professional goals following your graduation with the MS in AT:				

Application screening begins on February 15. Applicants must be first accepted by the ECU Graduate School. The application Packet for the MS in Athletic Training includes this form, copies of your BOC and Professional Rescue CPR/AED cards, Clinical Experience form (signed by PD) two letters of recommendation why you have chosen East Carolina University in particular. Please send all material together to

**Graduate Athletic Training Program
 245 Ward Sports Medicine Building
 East Carolina University
 Greenville, NC 27858
 (252) 737.4560**