



Grand Canyon University

Athletic Training Education Program

Admission Form

Name _____

PERMANENT INFORMATION

Address:

phone: _____

email _____

Major Athletic Training

Are you a current student at GCU? YES / NO

If not, from which institution are you transferring? _____

How did you hear of our program? _____

TEMPORARY INFORMATION

Address:

Phone: _____

Email: _____

Minor (if chosen) _____

Please submit with all Clinical Requirements found at <https://students.gcu.edu/academics/college-of-nursing-and-health-care-professions.php>

All information to be submitted electronically to ATEPclinicalforms@gcu.edu

Code of Conduct:

As an athletic training student at Grand Canyon University, I will uphold the values of the University and the Athletic Training Education Program. These include presenting myself in a professional manner at all practices, scrimmages, games, in the classroom and off campus as outlined in the Athletic Training Student Handbook. I understand that if I do not uphold these values, as seen by the Athletic Training Education Admission Program, I will be dismissed from the program.

Signature of Applicant _____ Date submitted _____

Grand Canyon University does not discriminate on the basis of age, race, color, national origin, sex, or handicap in its programs and activities.