

University of Hawaii at Manoa

Kinesiology and Rehabilitation Science (KRS)

Master of Science

Post Professional Advanced Athletic Training Program (AATP) Application Form

Name of Applicant: _____ Entering Year: _____
Present Address: _____
Permanent Address: _____
Phone: _____ Email: _____

Educational Background Information

Undergraduate Degree/Program: _____
Degree Program of Study

Institution: _____

Expected Graduation Date: _____ GPA: _____

Graduate Degree/Program: _____
Degree Program of Study

Institution: _____

Expected Graduation Date: _____ GPA: _____

Certification (s)

First aid and CPR certified? YES NO
Graduate Record Examination (GRE) Scores: V_____ Q_____ A_____
NATABOC Certified? Yes _____ No _____ Number/Date: _____
NATABOC Examination Date _____ (certification eligible candidates)
Other Certifications?: _____

Athletic Training and/or Allied Health Experiences

Academic and Career Goals

Short-term Goals (< 2 years): _____

Long-term Goals (> 2 years): _____

References

Academic Reference (Professor)

Name Title

Address Phone Number

Clinical Reference (Certified Athletic Trainer)

Name Title

Address Phone Number

Work Reference (Employment Supervisor)

Name Title

Address Phone Number

Mail form to:

Iris F. Kimura, Ph.D, ATC, PT

University of Hawaii-Manoa

Department of Kinesiology and Rehabilitation Science

1337 Lower Campus Rd, Rm 231; Honolulu, HI 96822

APPLICATION PROCESS CHECKLIST

To: KRS Department

_____ AATP Application form

_____ (3) References

_____ Statement of Goals

_____ Resume/Curriculum Vitae

_____ Graduate Assistantship
Application Form (*optional*)

To: UH-Manoa Graduate Division

_____ Graduate Admissions Application Form

_____ Graduate Admissions Application Fee Payment Form

_____ Graduate Admissions Fee

_____ Official Transcripts

_____ GRE/MAT Scores