University of Florida
Athletic Training Graduate Assistant Application

Date: _____

Name: _____ UFID# _____
Last First MI

Email Address: _____ Date of Birth: _____

Current Address: _____ Telephone:_____

_____

Permanent Address: _____

_____

NATA Membership# _____ BOC Certification# _____
(If not certified, anticipated date of exam: _____)

College Attended: _____ Date of Graduation: _____

GPA:
Overall _____
Upper Division _____

GRE:
Verbal _____
Quantitative _____
(If no GRE, anticipated date of test _____)

Are you a certified teacher? _____ If so, in what areas? _____

Total hours under direct ATC supervision: _____

Supervising ATC: _____ Certification# _____
Last First MI

Supervising ATC Signature: _____

ATC Current Address: _____

List in Order of Preference (1-4)

_____ High School

_____ Santa Fe College

_____ UAA

_____ Recreational Sports