



**Southern**<sup>TM</sup>  
Illinois University  
**Carbondale**

**Athletic Training Education Program**

Pre-Athletic Training Notification of Intent

*Complete the following information and return to:*

Toby J. Brooks, PhD, ATC, CSCS, PES, YCS  
Program Director, Athletic Training Education  
Southern Illinois University Carbondale  
Department of Kinesiology, Mail Code 4310  
Carbondale, IL 62901-4310

*Please print or type:*

I plan to attend SIUC beginning \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer, 20\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College(s) attended: \_\_\_\_\_ Semester hours completed: \_\_\_\_\_

High School GPA: \_\_\_\_\_ College GPA: \_\_\_\_\_

Respond to the following question in the space provided:

Why are you interested in a career in athletic training?

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_