



**The University of Texas at Arlington
Athletic Training Education Program
International Sports Medicine Application
KINE 4391
Dates of Travel: May 14th – June 5th 2012**

Name: _____ Date of Birth: ___/___/_____

Age: _____ Gender (Circle one): M F

Institution: _____ Applicant's Phone: _____

Address: _____

E-mail address (primary) _____

Academic Status (Circle One): Freshman Sophomore Junior Senior

Major(s): _____ Minor(s) _____

Cumulative GPA: _____ Major GPA: _____ Expected Graduation Date: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Alternate Emergency Contact Phone: _____

Are you currently enrolled in an athletic training program? Y / N

Have you ever traveled or participated in previous study abroad opportunities? Y / N

If yes, where? _____

Do you speak a foreign language? (Speaking a foreign language is not a requirement for this study abroad program)
Y / N

If yes, which language(s)? _____

Do you currently possess a passport valid until 12/1/2012? Y / N

In the space below, please share your professional goal(s):

Additional Requirements

- **An essay (2 page maximum) addressing the following 3 questions:**
 - **Why you are interested in traveling to Barcelona, Spain**
 - **How you feel this program will benefit you professionally**
 - **What you hope to gain from this program**

- **1 professional letter of recommendation addressing your capability to study abroad from a faculty member or supervising certified athletic trainer**

- **1 official copy of your academic transcript**
 - **UT Arlington students can request a transcript from their academic advisor for no charge**

The deposit is necessary to hold a place in our program as well as the airfare associated with the group. Students who cannot be offered admission will have their deposits returned in full. Students that decide not to complete the study abroad program will be refunded \$350 of the \$500 deposit. This is due to a \$150 deposit to secure an airline seat.

- **A \$500.00 deposit is required upon application. This deposit will count towards total cost of the trip. Deposits must be in the form of a cashier's check or money order and must be made out to:**

UT Arlington Department of Kinesiology

- **Students not attending The University of Texas at Arlington will need to apply and be accepted as a transient student. This information may be found at:**
 - <http://www.uta.edu/admissions/visiting/index.php>

NOTE: No student should purchase airline tickets or make any other travel arrangements until a letter of acceptance to the program has been received from the program director, Dr. Jacob Resch.

By my signature below, I certify that I have read and accept the policies above.

Signature: _____ **Date:** _____

All application materials should be mailed to:

**Dr. Jacob Resch
Box 19259
113 Maverick Activities Center
[The University of Texas at Arlington](http://www.uta.edu)
Arlington, Texas 76019-0259**