Name	
PERMANENT INFORMATION	TEMPORARY INFORMATION
Address:	Address:
phone:	phone:
email	email
Major Athletic Training	Minor (if chosen)
Are you a current student at GCU? YES / NO	
If not, from which institution are you transferring?	
How did you hear of our program?	
Please submit with all Clinical Requirements found at wy	vw.gcu.edu/atep
All information to be submitted electronically to <u>ATEPclin</u>	icalforms@gcu.edu
Code of Conduct: As an athletic training student at Grand Canyon University. Training Education Program. These include presenting my games, in the classroom and off campus as outlined in the auphold these values, as seen by the Athletic Training Education program.	rself in a professional manner at all practices, scrimmages, Athletic Training Student Handbook. I understand that if I do not
Signature of Applicant	Date submittedational origin, sex, or handicap in its programs and activities.