

**MICHIGAN STATE**  
**UNIVERSITY**

**ATHLETIC TRAINING**  
**EDUCATION**

Department of Kinesiology

College of Education

Michigan State University  
105 IM Sports Circle  
East Lansing, MI 48824  
tel 517.353.2010  
tel 517.432.5010  
fax 517.353.2944

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

Name: \_\_\_\_\_

\_\_\_\_\_ I **ACCEPT** admission to Michigan State University Undergraduate Athletic Training Education Program.

\_\_\_\_\_ I **DO NOT** accept admission to Michigan State University Undergraduate Athletic Training Education Program.

\_\_\_\_\_

If you have accepted admission, please complete the following information and return this form to 105 IM Sports Circle.

**Local Address**

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Summer Address (if different from home address)**

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Shirt Size: (men's sizes)      S      M      L      XL      XXL