



**UNIVERSITY OF WISCONSIN OSHKOSH  
PROSPECTIVE ATHLETIC TRAINING STUDENT  
PERSONAL INFORMATION FORM**

Name: \_\_\_\_\_ Best Time of Day to Contact You: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parents/Guardian's Names: \_\_\_\_\_

High School/College: \_\_\_\_\_ Grad Yr: \_\_\_\_\_

Athletic Trainer: \_\_\_\_\_

Have/Will You Applied/Apply to UW Oshkosh? \_\_\_\_\_ Accepted at UW? \_\_\_\_\_

Are You Coming to UW Oshkosh? \_\_\_\_\_ To Do Athletic Training? \_\_\_\_\_

Do You Intend to Play a Sport in College? (please list which one if yes): \_\_\_\_\_

Intended Major: \_\_\_\_\_ Career Goal: \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ ACT: \_\_\_\_\_

Other Schools You Are Considering: \_\_\_\_\_

Names/Phone Numbers or Emails of Other Students you know interested in Athletic Training: