

Name Applicant: _____

COLLEGE OF GRADUATE STUDIES ANGELO STATE UNIVERSITY

CID#:_____

Athletic Training Self-Report Transcript Evaluation

Complete this form and email it to bshsp@angelo.edu

Applicant's Undergraduate School:						
Institution:	Ma		lajor:	Grad	duation Da	ate
Prerequisite Coursework:						
Coursework Requirement	SEM/YR Taken or Will Take	Course Number	Course Title	Grade	Credit	Institution
Anatomy & Physiology I						
Anatomy & Physiology II College Algebra						
Human Biology with Lab						
General Chemistry I						
General Physics I						
General Psychology						
Statistics						
Nutrition						
List Other Relevant Coursework Below:						
Coursework Requirement	SEM/YR Taken or Will Take	Course Number	Course Title	Grade	Credit	Institution