

**Wheeling Jesuit University  
Department of Athletic Training  
Admission Acceptance Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I **accept** admission into the Wheeling Jesuit University Athletic Training Education Program.

\_\_\_\_\_ I **do not accept** admission into the Wheeling Jesuit University Athletic Training Education Program.

Signature \_\_\_\_\_

\*\*If you have accepted admission into the program, please complete the following:

Home or Summer Address:

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

Contact Information:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Shirt size Polo (men's)	S	M	L	XL	XXL	OTHER _____
Shirt size Polo (women's)	S	M	L	XL	XXL	OTHER _____
T-Shirt size	S	M	L	XL	XXL	OTHER _____