

Wright State University



Adapted Physical Education Program Application

Date: _____

(Please type or print in ink)

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Home Address _____
Street City State Zip

Phone (_____) _____

Name of Parent/Guardian _____

Address (if different) _____
Street City State Zip

Phone (if different) (_____) _____

Current GPA: _____ HPR 212 Grade: _____ Expected Graduation Date: _____

PREVIOUS ADAPTED PHYSICAL ACTIVITY EXPERIENCES:

- Adapted Physical Education Workshops __ Yes __ No
Location/date _____
- Other experiences which have increased your adapted physical education knowledge/skills
- Intended major field of study in college

TRANSFER STUDENTS: Please complete the following information:

College/University	Degree Earned	Dates	GPA
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ALL APPLICANTS:

List the name and phone numbers of three people from whom you have requested recommendations. Please have these people forward typed recommendations

Name Phone Number

Name Phone Number

Name Phone Number

Please return this application and all other materials to:

G.W. Gayle, Ph.D.; CAPE
Coordinator, Adapted Physical Education
Wright State University
3640 Colonel Glenn Highway
Room 316 Nutter Center
Dayton, Ohio 45435-0001